The American Journal of
NURSING

Volume XXX APRIL, 1930 Number 4

An Epidemic of Meningitis[1]

E. J. ANDERSON, M.D. AND MARTHA L. RIEDEL, R.N.

SINCE our city was not fortunate enough to have a hospital for communicable diseases at the time of the epidemic, the general hospitals were called upon to open their doors. At the Saginaw General Hospital, the largest wing on the medical floor was utilized for this purpose. This ordinarily accommodates eighteen patients, but during the epidemic as many as thirty-three were placed there, the majority being children.

Nursing care was a very important factor. We were authorized by the county authorities to engage as many graduate nurses as seemed necessary to give the patients the best of care. The nurses were selected from the local registry and from registries located in various cities of the state. The hours of duty were eight, and the number of patients per nurse averaged from three to four.

These nurses were given a ward in the old hospital for a dormitory, with rooms for dressing rooms and living rooms. A member of the Board of Trustees provided several rooms in her own home for night nurses. The largest number of nurses were on duty between the hours of seven a.m. and three p.m., as the majority of spinal punctures were done at that time.

Besides the general nursing care, special emphasis was placed on watching for unfavorable symptoms following the administration of the serum. Two nurses were usually required to assist in serum administration and one nurse was always left with the patient for a short time afterward to guard against any reaction. This was considered a very important matter in view of the frequency with which reactions followed serum administration by spinous, occasionally muscular, but particularly by the venous route.

Routine isolation precautions in regard to dishes, linen, the wearing of masks and gowns, were carried out. None of those caring for the disease developed it.

Treatment

IN this article we shall hold to facts gained from the observation of a series of 102 cases over a period of three months and shall deal solely with treatment, since a description of symptoms and diagnosis is covered well in any standard textbook on medicine. We shall deal with cases as found in the epidemic form which, it is generally agreed, are more severe as regards both symptoms and complications than are sporadic cases.

---

[1] See also the report on the follow-up on 315 cases, by Dr. Rockwell M. Kempton, in the current *Public Health Nurse.*

It would be well to state at the outset that, particularly in the presence of an epidemic, a safe rule to follow would be to treat as a true meningitis any suspicious case, in view of the importance of giving serum early. Practically all the ways and means mentioned in textbooks on the subject were given a trial over the series of cases we dealt with, and those which appeared to give the best results came to be the nearest approach to a routine treatment adopted. By far the most important therapeutic agent was anti-meningococcic serum, and we will describe rather fully the various modes of administering the serum and the results as we found them in the various methods. One or two case histories will be given, in brief, to illustrate routine serum treatment and deviation from the same as circumstances seemed to warrant.

It cannot be too strongly stressed that serum therapy, to be effective, must be given early. Eighty per cent of deaths occurred during the first week in hospital and 70 per cent died within three days. This 70 per cent represents almost entirely cases in which early diagnosis and early serum administration were not obtained.

At the beginning of the epidemic, following the treatment advised in texts on the subject, we started giving serum by spinous, venous and muscular routes, repeating these doses every twelve to eighteen hours, as long as the patient failed to show improvement. It was observed that these cases did not do any better or even as well as a number in which the serum was not pushed so vigorously, and in many of the former cases there was an unfavorable reaction to so much serum. The body seemed to have a saturation point beyond which serum retarded rather than aided the process of recovery. For this reason the serum was discontinued, except in a very few cases, by the venous route, and was used less frequently by spinous and muscular routes, and the results were just as good or better.

Intraspinal Administration of Serum

BEARING in mind the importance of giving the body all it could assimilate in the first few hours and of reaching the "saturation point" quickly, serum was given, in the average case, every twelve hours for the first two or three doses, depending on the case. Thereafter it was given every twenty-four hours for two to four doses in a case making good recovery, and was continued for as many doses as seemed necessary in the stubborn case. After initial twelve-hour doses it did not seem necessary to give serum oftener than every twenty-four hours.

At first, being on the watch for a lighting up of infection after the patient was on the way to recovery and the serum had been discontinued, we were misled by cases in which, seven to nine days after serum had been discontinued, the patient would show a rise in temperature, headache, restlessness and often a rash—simulating to some extent the symptoms at the onset of the disease. A spinal puncture, in a majority of instances, showed the spinal fluid to be clear but under considerable pressure. Since it stood to reason that it would take some time for intraspinous pressure to return to normal, even after the disappearance of marked symptoms, we came to regard these cases as due to a delayed serum reaction. In these cases the best results were obtained when a small amount of fluid was drained away (10 to 20 cc.) and no serum given, or at best a half ampule or 7.5 cc.

No attempt was made in these cases to reduce the pressure to normal, as it seemed reasonable to suppose that nature had an object in providing an excess of fluid to keep the inflamed membranes apart as she does in pleurisy and pericarditis. If, after withdrawal of fluid, the symptoms were unrelieved or progressive, routine treatment was resorted to, on the grounds that it was a lighting up of the original infection. By this treatment patients showed a more rapid improvement than where resort was made to large doses of serum on the first appearance of symptoms suggestive of an aggravation of the meningitis.

In giving serum it is best raised to body temperature before injection. This was accomplished by dropping the vials into a basin of water at body temperature and then rinsing them in a basin of alcohol immediately before use. We found that a dressing cart laid out as a table was a great convenience in giving treatment as it could be wheeled rapidly from room to room and all the necessary instruments, etc., were always at hand. A few extra needles were kept in a basin of alcohol on this cart, to be used with odd vials of serum, as only one needle came with each package of two vials and often only one vial was used.

Puncture was done in the usual manner, the skin being sterilized with iodin followed by alcohol and a dressing of collodion used afterwards. After doing several punctures at one site, difficulty was experienced in getting into the canal on subsequent attempts. This was attributed to an exudate around the traumatised area and, by moving up one or two intravertebral spaces, entry was gained without difficulty.

The amount of spinal fluid withdrawn varied from 20 to 50 or even 60 cc., depending on the size of the individual and the amount of pressure. In routine treatment we considered enough fluid had been withdrawn when it began to drip rather than run out. In withdrawing fluid too rapidly or too completely there is danger of the medulla herniating down into the foramen magnum and causing respiratory failure from pressure on the medulla.

Venous Administration of Serum

WE used this on practically every case at the beginning of the epidemic. However, the danger of anaphylaxis in intravenous serum administration is very grave. (We lost two cases by anaphylactic shock and had severe shock in several other cases.) We discarded intravenous therapy entirely in the later period of the epidemic, as the value of it by this method seemed to be so greatly offset by the danger of anaphylactic shock. If venous administration is used, one should be prepared beforehand to combat anaphylactic reaction and should have ready hypodermics of adrenalin, of caffein sodium benzoate, and of lobelin, which latter is of great value in respiratory failure, in doses of one-half to one ampule.

Muscular Administration of Serum

THIS method has as definite value as has the use of antitetanic serum and antidiphtheritic serum and acts as a reservoir in the muscles from which serum is slowly absorbed into the system. It may be given up to 50 cc. into muscles of the back or preferably the buttocks. Where the large dose is given, it is well to distribute the amount at several points.

In giving serum intraspinally, how much should one give? We aimed to give roughly one-half to three-fourths the amount of spinal fluid withdrawn. That is, if 45 to 50 cc. of spinal fluid were withdrawn, we gave 30 cc. In the case of children, 25 to 30 cc. of fluid withdrawn warranted the injection of a 15 cc. ampule, the aim being to relieve the pressure as well as to give the serum.

Serum Given into Cisterna Magna

THIS method of administration, as we came to believe, had a definite indication and is of proved value, as illustrated by a case below. It will be seen by a perusal of this case that all the recognized methods of combating convulsions were tried before resorting to puncture of the cisterna magna, and its immediate beneficial effect was conclusive evidence that it was of unmistakable value. In view of the added danger of giving serum in this way, it should not be resorted to in the absence of definite indications. Those indications are:

> Inability to find a marked pressure in the spinal canal with marked cerebral symptoms, such as great restlessness, convulsions and progressive symptoms of toxemia, indicative of walling off of the cranial vault and spinal canal by exudate, probably in the region of the foramen magnum.

The Technic.—Shave the hair from the region of the occiput down to the hair line on the neck. Paint the area with iodin and follow with alcohol. Have the assistant hold the head in the erect position so that the spinal column and the skull are in one straight line. Enter the needle exactly in midline and midway between the promontory of the occiput and the atlas. Direct the needle toward a line through the supraorbital margin and enter the needle cautiously, removing the stylette frequently, and *stop* as soon as fluid is obtained.

Precautions and Dangers.—The needle must be in midline and the head held perfectly still, because of danger of injuring the vertebral arteries. The serum must be warm before being injected around the vital centres of medulla. Do not force the needle in further if fluid is not obtained as there is danger of penetrating the medulla and a respiratory death. Anesthesia is indispensable unless the patient is comatose. The amount of serum given here is the same as into the spinal canal and varies as the size of the individual and the amount of pressure encountered.

Some Miscellaneous Notes of Practical Value

IN two or three cases where examination of the fundi showed protruding of the nerve head and venous engorgement with disturbance of vision, simple puncture of the cord was carried out to relieve the intracranial pressure and, where this persisted over a period of several days with no other symptoms, to avoid the necessity of doing a puncture, large doses of magnesium sulphate by mouth and by retention enema showed some results; the idea here being the depletion of the body fluids generally.

In the convalescent stage, general tonics were used, avoiding those as much as possible which contained strychnin which would excite an already over irritable nervous system. The quartz lamp was used in those cases showing a tardy convalescence, the exposure being of the entire body, and this seemed to give some results in hastening the return of the patient's strength.

In two cases nasal feeding was resorted to where the patient was unable to coöperate sufficiently to take nourishment in any other way. In one of these cases saline glucose was used by hypodermoclysis for several days, but this could not be continued indefinitely, as seemed necessary at the time, so the nasal tube was passed and a feeding containing two eggs, an ounce of sugar, and milk q.s. one pint, was given four times in the twenty-four hours. For the most part these feedings were well retained, and in one instance of the two mentioned I am quite convinced that they were a very important factor in the recovery, as improvement began shortly after the feedings were instituted and continued. The evidences of meningitis at the time had almost disappeared and the patient seemed to be sinking lower from day to day, with no direct cause apparent, and we had reached the point where we despaired of her recovery.

Narcotics were used fairly freely in the acute stage, as the suffering in a good many of the cases was severe.

Slight chloroform anesthesia was used in nearly all cases when doing punctures. It seemed warranted both from the standpoint of the suffering of the patient and because in many cases it was impossible to get the patient to coöperate, due to delirium or fright. It seemed to us that it did less damage to give a patient a little chloroform than to have him cavorting around the bed with a needle in his back, despite the efforts of three or four nurses, where one or two would otherwise suffice. In many cases their efforts served only to keep the patient on the bed, without keeping him in anything like the orthodox position for a spinal puncture.

In judging when a patient was ready to be discharged, we followed approximately, with variation in individual cases, the rule of six to seven days of normal temperature, general condition, the occurrence of a previous relapse, bearing in mind the liability of a patient to relapse even after five to six days apparently on the road to recovery. The presence of complicating conditions had to be taken into account, also. Last, but by no means least, was the negative throat culture. In two instances, only, were positive cultures returned on patients about to be discharged. In these cases the patients were made to gargle the throat with equal parts of hexylresorcinol and water. The nose and throat were sprayed with equal parts of hydrogen peroxid and water and the nose was packed with argyrol tampons. This was done t.i.d. In both cases cultures were taken again in two or three days and were returned negative.

Case Histories

SERUM ADMINISTRATION INTO CISTERNA MAGNA

Case I

THE child entered the hospital on Saturday, April 20, in deep coma and having almost continuous convulsive seizures. The previous Thursday she had complained of feeling sick, with some headache and abdominal pain, but these symptoms cleared up entirely, so far as could be learned from the father, and she did not have any more symptoms until Saturday, when the disease was ushered in with severe convulsive seizures. From this picture the onset of the disease probably dated back to Thursday.

Examination of the child revealed no marked head retraction, the eyes were rolled up under the lids, pulse was weak and irregular, and the limbs were in constant motion with a coarse tremor. Spinal puncture was done and 25 cc. of very cloudy fluid under pressure were withdrawn. Fifteen cc. serum were given intraspinally and 15 cc. were given intramuscularly.

This was at 10.30 a.m. Condition at the time was noted as poor. Convulsions had not ceased at noon and the following treatment was given:

At 1.30 p. m., half an ampule of magnesium sulphate intravenously; 15 cc. of serum intravenously; half an ampule of calcium lactate intravenously.

At 2.15 the nurse's notes read: Patient resting more quietly, appears to be sleeping.

3. p.m.: Convulsions every few minutes again.

4.30 p.m.: Convulsions almost constant.

9 p.m.: 500 cc. saline by hypodermoclysis.

9.30 p.m.: Chloral hydrate per rectum.

10.45 p.m.: Convulsions not as often.

2 a.m.: Convulsions approximately every three to five minutes and lasting about three minutes.

Chloral per rectum repeated.

4.30: Condition not improved . . . about the same as before.

Sunday: Condition poor, convulsions frequent.

Progress notes *Sunday:* Convulsions persisted all day yesterday and during the night and this a.m.; at noon today a cisterna magna puncture was done, following which she had about four convulsions during the next thirty minutes, none after that apart from slight twitching at times.

Monday: Condition was much improved today, and she slept naturally most of the time; in the morning a spinal puncture, only, was done.

Tuesday: Temperature was up slightly and, on doing a spinal puncture, the fluid returned about the same color as the serum. This would seem to indicate that the spinal fluid was not circulating and that the fluid withdrawn was of the nature of the serum given yesterday. As soon as this became evident the spinal puncture was discontinued, little fluid being withdrawn and no serum given, and a cisterna puncture was done. Here a marked pressure was evident where it was very slight in the spinal canal, and the fluid was more purulent in appearance. This was, to our mind, evidence that there was a walling off of the cranial vault and the space around the cord. Serum was given into cisterna and improvement was noted shortly after.

After this, routine treatment was resorted to and the patient is now in a condition that warrants discharge, the only feature that is left is an internal strabismus.

Case II

THE patient, aged fourteen, was taken acutely ill suddenly, with headache, vomiting, pains in back, dizziness and mental confusion. Entered hospital three days after onset, marked head retraction, partial coma, vomiting, severe headache, marked Kernig's sign. Temperature 102°. Pulse 110. Spinal fluid loaded with pus cells and meningococci.

This patient's illness ran on for three months and during that time she was comatose a great part of the time.

Glucose saline was given by hypodermoclysis for a week, as she did not eat. Numerous abscesses developed over various parts of the body and a large one developed under the breast. Nasal feeding was resorted to.

She received serum as follows:

Day	Intramuscularly	Intraspinally	Intravenously	Cisterna Magna
1	50 cc.	30 cc. 25 cc.	45 cc.	
2	15 cc. 30 cc.	25 cc. 15 cc.		
3	20 cc. 30 cc.	15 cc. 30 cc.		
4	30 cc.	30 cc.		
5	30 cc.	30 cc.		
6		30 cc.		
7				30 cc.
8				
9	30 cc.	30 cc.		
10				30 cc.
11	30 cc.	30 cc.		
12				30 cc.
13		40 cc.		
14	30 cc.	45 cc.		
	None given until 22nd day			
22		15 cc.		15 cc.

Extracts from Progress Notes:

4th day: Condition very poor and appears to be progressing rapidly to fatal issue.

7th day: Condition more grave, spinal fluid quite yellow, pressure not marked, small abscess below right breast, opened and drain inserted.

13th day: Not making any progress, is being fed nasally now, glucose saline by hypodermoclysis, outlook decidedly poor.

17th day: Condition about as before—transient improvement following injection of blood from a patient who was recovering.

18th day: Condition slightly better, but outlook on whole not encouraging; lies in a stupor or tosses in restless delirium.

25th day: Developing abscess on left hip.

30th day: Having quarts light treatment—some improvement noted.

33rd day: Having trouble retaining food and is vomiting food taken; sedative given and stomach washed before food is given.

43rd day: Still vomiting in the afternoon.

45th day: Vomiting not so severe, seems considerably improved.

57th day: Vomiting occasionally. First throat culture negative.

59th day: Abscesses of breast and buttocks still draining, patient very weak.

65th day: Condition about as before, abscesses still draining.

75th day: Condition steadily improving and outlook is good, is very weak.

85th day: Up in wheel chair, condition good—drainage almost ceased, almost ready for discharge.

Follow-up Report reads: Good recovery, no complications, and is attending school.

This was the case of longest duration that we took care of and presented a great many complications during her illness. For many days during the first part of the disease the case looked hopeless and she seemed to be about to die from general weakness rather than direct effects of meningitis, when resort was made to nasal feeding.

Cerebrospinal Fever

CEREBROSPINAL fever is an infection with the meningococcus (diplococcus intracellularis meningitidis, Weichselbaum). The essential lesions of the disease are chiefly focused upon the meninges of the brain and cord. The disease occurs both in localized epidemics and sporadically. . . .

Cerebrospinal meningitis is spread chiefly by carriers. The period of incubation is difficult to determine; it is stated to be from two to ten days, commonly seven. It may be one day in the young.

Epidemics of cerebrospinal fever are chiefly local and rarely widespread. . . . Children and young adults are most susceptible. Cerebrospinal fever is called a disease of children and soldiers. . . . Predisposing factors play an important rôle in depressing immunity and facilitating infection with the meningococcus. Over-exertion, long marches in the heat, depressing mental and bodily surroundings, catarrhal inflammations, the misery and squalor of tenement life, and the sad conditions of some mining and laboring camps have long been recognized as predisposing causes. . . .

Cerebrospinal fever is not highly communicable but spreads slowly and irregularly. . . . It is usually difficult to trace connection between one case and the next—*its* movement shows curious pranks. This is now explained through carriers. Except in sharply localized outbreaks, it is rare to have more than one or two cases in a home. . . .

The case fatality is usually high, about 75 per cent, occasionally being as low as 20 per cent in some epidemics. The use of serum has reduced the death rate to about 25 per cent.

The immunity produced by one attack is not lasting. . . .

It is probable that the meningococcus enters the system through the mucous membrane of the nasopharynx. From this position it may reach the meninges directly through the lymph channels, but usually "indirectly through the circulation. . . .

A better knowledge of the facts concerning cerebrospinal fever has shaken our confidence in the practical value of preventive measures. Antimeningitis serum is useful in the treatment of the disease, it is not practical as a preventive. It must be introduced into the subdural space by lumbar puncture. Intravenous injections to counteract blood infections are also indicated. The serum should always be matched with the particular strain of meningococcus to obtain specific results.—Abstract from *Preventive Medicine and Hygiene,* by M. J. Rosenau, 4th ed., 1921, D. Appleton and Co., pp. 250–258.

The Prevention of Congenital Syphilis[1]

JAMES. R. McCORD, M.D.

IT is probable that in the future nurses will take a wider interest in the activities of public health work and preventive medicine than they are doing at the present time. Certainly their opportunities along these lines will be greater. The training schools are demanding more preliminary work and a better cultural foundation, and their teaching follows sound pedagogical principles. We shall presently see in the nursing field many more excellently trained women capable of solving the numerous health problems that will be theirs.

A concerted effort is being made over the world to improve the practice of obstetrics. It seems a tragedy that this specialty, above all others, should be so closely interwoven in the economic affairs of the people. There can be no short cut in good obstetrics. To obtain the best results for mother and baby, the way is long and laborious. Best results, as a rule, in our country cost money, and childbirth is not a monopoly of the well-to-do. The nurse of the future is going to play a very large part in the solving of the obstetric problem, particularly along prenatal and preventive lines.

I think it is generally conceded that syphilis, with its myriad manifestations and complications, is a menace to the health of the nation. I know of no reliable statistics of the incidence of congenital syphilis. Certainly it is frequent and, once present, it usually cancels from the child every hope for the future when life's journey is scarcely begun.

It seems quite likely that the congenital syphilitic, in every instance, contracts the disease from the mother. The external manifestations of syphilis in women are, as a rule, not nearly so marked as in men. As a general rule, the duration of the disease in the mother can be disregarded when speaking of congenital syphilis. If the mother has syphilis, early or late, the fetus will usually get the disease.

The sure cure for congenital syphilis is to prevent it. This can be done if the disease in pregnant women is recognized, and the earlier in pregnancy the better the chance for the unborn child. When Utopia is reached, every prospective mother will have a haven of perfect prenatal care; this will include an examination by a skilled syphilographer. Until then, the diagnosis of syphilis in pregnant women will, in the majority of cases, depend upon the positive blood Wassermann reaction. (A history of premature or full term stillbirths or deaths in very early infancy is a demand for thorough serologic study.)

The Wassermann test for syphilis is, at the present time, a complicated one. The opportunities for errors and false readings are almost multitudinous. To accept a report with confidence, the Wassermann should be done in a well equipped laboratory doing many of these tests, by an experienced serologist. Even then, a positive report, when possible, should be checked by another specimen of the blood.

It is probably best not to try to cure the syphilis of a woman during her pregnancy, being content to prevent the fetus from getting the disease. This prevention, if started early in pregnancy, the earlier the better, certainly before the fifth month, is almost uniformly successful.

---

[1] This article was the basis of three talks made before the Southern Division of the American Nurses' Association and the Georgia and Mississippi State Associations by the author as the representative of the American Social Hygiene Association.

It is the custom in our clinic to give these women a weekly dose of .45 gram of neo-salvarsan and at the same time a mercurial inunction. The more ignorant the patient, the more careful one has to be not to inflict a continued pain. For this reason, mercury and bismuth are not used by hypodermic. I would repeat that we are trying to prevent syphilis in the baby, not to cure the disease in the mother at this time. These treatments are given each week until the baby arrives. The urine is examined for albumin and the blood pressure is taken before each treatment. I have not been able to determine that these treatments are injurious to pregnant women.

The thought is rather universal that the newborn baby with syphilis usually has external manifestations of the disease. This is far from being true. Some babies do have definite external signs of the disease. Their description is not in the scope of this article. The fact is, probably the majority of live syphilitic babies are born with no definite evidences of the disease, other than poor nutrition. Very often they are apparently well and healthy. If the Wassermann done on the cord blood, collected at the end of the second stage of labor, has been properly done and shows a strongly positive reaction, the baby, in my opinion, has syphilis. A negative cord Wassermann reaction does not mean that the baby has not syphilis. Probably fifty-six per cent of congenital syphilitics, in early infancy, have negative cord Wassermann reactions. Many of these babies develop a positive blood Wassermann in early life; the blood of perhaps an equal number remains persistently negative. Evidences of the disease may develop at any period from birth until early adult life.

It should be remembered that many congenital syphilitics are "apparently" cured by persistent and proper treatment, that every live baby born of a serum-positive woman is a potential syphilitic and should be constantly observed over a prolonged length of time so that the disease can be quickly detected and proper treatment instituted early.

Syphilis has no respect for race, color nor class; its incidence is high and its ultimate result, in almost every untreated case, a tragedy. Careful prenatal study and early persistent treatment can, in almost every instance, prevent congenital syphilis.

Results Obtained in Treating Syphilitic Pregnant Women[1]

The histories of a group of 213 pregnant syphilitic women were studied before and after they had treatment.

Without treatment the pregnancies of these women resulted as shown in Diagram I on page 390.

Of the [illegible] per cent alive at three months, it is probable that at least one-half will die in the first five years, and many of those surviving infancy will show the stigmata of congenital syphilis. Only a few of them will be apparently normal. *With treatment* the pregnancies of the same women resulted as shown in Diagram II on page 390. Of the 91.87 per cent alive at three months, it is probable that all will be healthy, non-syphilitic children.

---

[1] Prepared and published by permission of the American Social Hygiene Association, 370 Seventh Avenue, New York, N. Y., May, 1930.

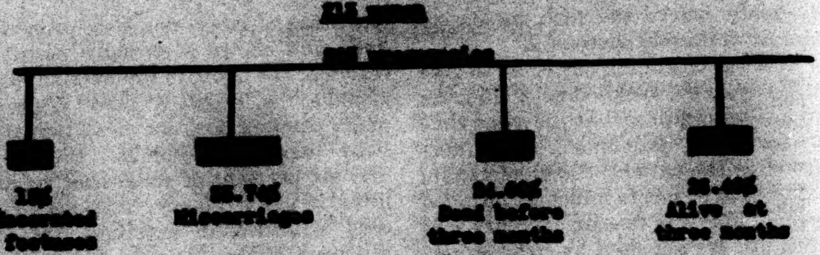

Macerated
foetuses
Miscarriages
Dead before
three months
Alive at
three months

DIAGRAM I

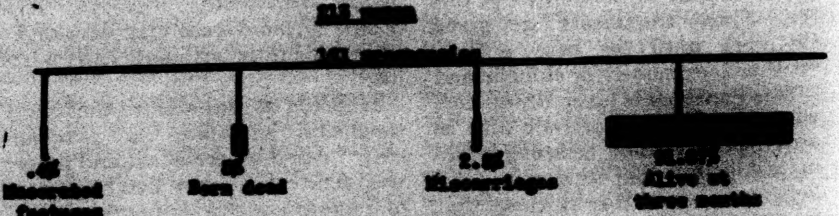
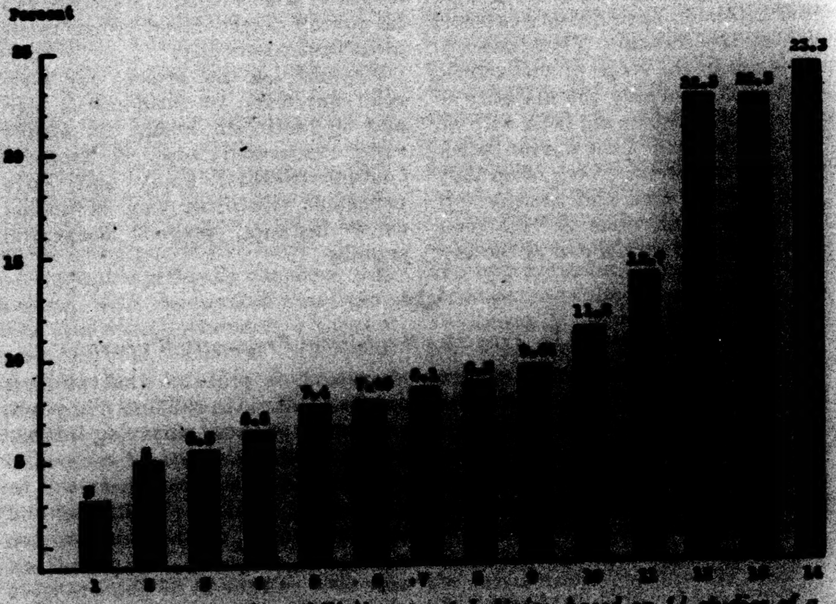

Macerated
foetuses
Born dead
Miscarriages
Alive at
three months

DIAGRAM II



Per cent of women with syphilis in prenatal clinics, based on 14 studies of a total of 58,000 unselected cases in 30 clinics

How to Evaluate Existing Nursing Procedures[1]

MARTHA RUTH SMITH, R.N.

"*The real essence of nursing, as of any fine art, lies not in the mechanical details of execution, nor yet in the dexterity of the performer, but in the creative imagination, the sensitive spirit, and the intelligent understanding lying back of these technics and skills. Without these, nursing may become a highly skilled trade, but it cannot be a profession or a fine art. All the rituals and ceremonials which our modern worship of efficiency may devise, and all our elaborate scientific equipment will not save us if the intellectual and spiritual elements in our art are subordinated to the mechanical, and if the means come to be regarded as more important than the ends.*"—From an Editorial in the *Nursing Education Bulletin*, Volume II, Number 1, Teachers College, Columbia University.

THE actual evaluating of a nursing procedure and the *how* of reaching that evaluation are distinct processes. To evaluate anything there are three phases to be considered: *first*, what are the general practices in regard to this thing? *second*, what items concerning these things are of greatest significance and why?—in order that we may carry out the third phase, which is the actual evaluation of the thing—the estimation of its worth against that which we know to be of maximum value. The emphasis in this discussion will be placed on the *how* of evaluating a nursing procedure. It aims to present a method of approach to finding out what the general practices of a specific procedure are, what items concerning this procedure are of greatest significance, and why.

The procedure which has been chosen to illustrate this method of approach is turpentine stuping. This particular procedure has been chosen because it is familiar to all, it lends itself to demonstration before a large group, and the problems which present themselves are relatively simple. Limits of time and human range of attention prohibit anything like a comprehensive discussion of all material concerned.

There are about as many ways of doing stuping as there are hospitals. Perhaps this is as it should be; however, the divergences of method in the fundamentals of the treatment are challenging.

To bring out the divergences, two good typical stuping procedures will be presented. The purpose is to present the comparative phases of these two methods, not to present them as they would be presented to student nurses.

One method has been designated Method A; the other, Method B. We would like to split these technics into three stages. The *first* stage will be called the preparation of the patient; the *second* will be the actual stuping procedure; the *third* will be the care of the patient upon completion of the treatment.

The equipment for the procedures has been listed in parallel columns with the like letters corresponding to pieces of equipment used for like purposes. In each procedure the equipment above the line is prepared and taken to the bedside; the equipment listed below the line is left in the utility room.

METHOD A

Equipment

(a) Steaming basin containing

(b) Oiled muslin with large piece of flannel to cover it.

METHOD B

Equipment

(a) Tray containing

(b) Oiled muslin with two pieces of sheet wadding to cover.

---

[1] Read at the January, 1930, meeting of the New York State League of Nursing Education, Section I.

(c) Dressing towels, 2.
(d) Binder.

(e) Safety pins, vaseline and gauze.

(f) Stupe cloths, 2
(g) Stupe wringer.
(h) Dressing basin lined with rubber.
(i) Turpentine, 4 cc.

(j) Boiling water.
(k) Pitcher, 500 cc.

Step 1. Preparation of the Patient

(a) Bring to bedside, dressing basin with vaseline, gauze, oiled muslin, large dry stupe, binder, safety pins and dressing towels.

(b) Fold back covers to lower edge of abdomen and fold back gown over chest.

(c) Protect bed covers and gown each with a doubled folded dressing towel, place binder under back and oil abdomen with vaseline on gauze, then cover with towel and draw up bed clothing.

(d) Return to utility room with dressing basin.

Step 2. Applying Stupes

(a) Pour turpentine (4 cc.) into enamel pitcher, then pour in boiling water (500 cc.) and stir well.

Figure 1.—Equipment. Method I.

(c) Dressing towels, 1.
(d) Binder with half sheet and rubber rolled up in it.
(e) Safety pins.

(f) Stupe cloths, 2.
(g) Stupe wringer.
(h) Agate pail.
(i) Turpentine and oil, 1–8 mixture in medicine glass and basin with warm water. Rectal tube and urinal.
(j) Boiling water.
(k) Enamel pitcher.

Step 1. Preparation of the Patient

(a) Arrange materials on table in order of use.

(b) Turn back upper clothing to patient's waist-line. The patient raises his arms on the pillow out of the way.

(c) Place small blanket, doubled, over body. Turn nightgown up over chest and draw upper bedclothes down to pubes. Unroll the half sheet and rubber rolled within the binder so that the half sheet is next the patient. If the rectal tube is to be used, it is now inserted. Place a piece of cheese wadding, large enough to cover the patient's abdomen, over the turned-back fold of the bedclothing. Over the wadding the dressing towel is folded at one end and tucked over the edge of the upper bedclothing as a protective. On the towel is placed a second piece of wadding, and over this the oiled muslin.

(d) The sticks of the wringer are slipped into place and the wringer spread over the pail. One of the stupes is inserted between the folds of the wringer.

Step 2. Applying Stupes

(a) When all is ready, a large pitcher of boiling water is carried to the bedside and poured over the contents of the wringer until saturated, then the sticks are grasped firmly, held as far apart as possible, and forcibly twisted in opposite directions until there is not a drop of water evident.

(f) Place stupe in wringer and saturate with turpentine solution, then wring as dry as possible.

(g) Remove sticks from wringer and place stupe and wringer in dressing basin, cover with dressing rubber to aid in retaining heat and carry to bedside.

(h) Expose abdomen, test temperature of stupe on back of (nurse's) hand, then apply lightly and gradually, using care not to burn skin.

(i) Place oiled muslin over moist stupe, then cover with large dry stupe and pin on the binder.

(j) Change stupe every 20 minutes unless otherwise ordered.

(k) To change stupe: Before removing first stupe prepare second hot stupe and bring to bedside. Open binder, protect covers and gown with dressing towels to prevent wetting. Remove cooled stupe and place hot stupe. Pin on binder. The second stupe follows 20 minutes after the first.

(l) The turpentine stupe is always alternated with a plain boiling water stupe to prevent blistering of skin from too constant irritation of turpentine.

Step 3. After-Care of Patient

(m) After removing last hot stupe cover area with dry stupe and keep warm till redness subsides.

(f) Fold back the blanket sufficiently to expose the abdomen. Saturate the absorbent cotton ball in the turpentine mixture and apply, starting at the umbilicus and covering the right and left upper quadrants of the abdominal surface.

(g) Withdraw hot stupe from folds of wringer, shake out, place on backs of both hands, and apply carefully to the patient. Cover at once with oiled muslin and the sheet wadding. Raise each end alternately a few times until the patient can bear the heat. Turn down the blanket over it and prepare another stupe before the first is removed. The interchange of the stupes is made quickly by turning the blanket back over the patient's chest and turning the sheet wadding down over the towel. The stupe on the patient is picked up in the center with one hand and placed upon the wringer while at the same time the hot stupe is withdrawn from its folds with the other hand, and, with the backs of both hands, applied as in the first place. Stuping may be kept up for 15 to 20 minutes out of every hour. During the application the abdominal surface is carefully watched. Turpentine and oil are applied once in twelve hours.

Step 3. After-Care of Patient

At the end of each 20 minutes, the stupe, sheet wadding, and oiled muslin are removed, and the abdomen gently patted dry with the dressing towel which has served previously as a protector to the bedclothing, and the abdomen is covered with the second piece of sheet wadding to prevent rapid radiation of heat from it.

Remove half sheet and rubber. Adjust the binder and do not pin too snugly while distension is evident. Pull down night gown, remove small blanket, and readjust bedclothing.

NOTE.—Turpentine mixture should not be applied more than twice in 24 hours to avoid blistering and the danger of absorption.

WHAT ARE THE GENERAL PRACTICES IN REGARD TO TURPENTINE STUPING?

Items of Procedure Especially significant	Eastern Hosp.			Mid-West Hosp.			Western Hosp.		
	1	2	3	4	5	6	7	8	9
A. Ways of using turpentine:									
1. Strength if mixed with oil............		1–3	1–4	1–6	1–8	1–2	1–3	1–4	1–3
2. Add boiling water to turpentine........	*								
3. No. times applied during treatment:								n. s.	
(a) With every other stupe..........	*								
(b) With every third or fourth stupe ...			*	*	*	*			*
(d) Every two hours................							*		
(e) Every twelve hours.............		*							
4. Applied warm.....................	*	*		*	*				*
5. Applied without warming..............			*			*	*	*	
B. Stuping procedure:									
1. Size of area to be covered............			n. s.			n. s.	n. s.	n. s.	
(a) Measurement of stupe..........		16–11			24–24				
(b) Large enough to cover abdomen ..	*			*					*
2. Temperature: (a) At which stupes are wrung out....	212	212	hot	212	212	212		212	212
(b) At which stupes are applied.......	n. s.	n. s.	n. s.	n. s.	n. s.	n. s.	100 140	n. s.	n. s.
(c) Hot water kept on stove.........	*		*	*	*	*	*	*	*
Stove at bedside...........			*			*	*		
Stove not at bedside...........	*	*		*	*			*	*
(d) Hot water kept in pitcher.........		*							
(e) Tested on back of nurse's hand	*	*			*		*		
(f) Applied with care...........	*	*	*	*	*	*	*	*	*
(g) Covered with non-conductor heat..	*	*	*	*	*	*	*	*	*
(h) Kept warm after applying, hot water bottle or electric pad.......					*	*			*
3. Duration of treatment...............	n. s.		n. s.	n. s.	n. s.			n. s.	
(a) 15–20 minutes out of every hour ..		*				*	*		
Changed every 1–3 minutes.......		*					*		
" " 3–5 "			*						
" " 5–10 "					*			*	
" " 15–20 "	*			*					
Frequency not given...............						*			*
4. Care of patient after treatment.......					n. s.	n. s.		n. s.	
(a) Exposure avoided...............	*						*		*
(b) Extra protector for abdomen.......	*	*		*					
(c) Abdomen washed...............				*					
(d) Abdomen cleaned with alcohol....			*						
C. Method of wringing:									
1. Cloth wringer and sticks.............	*	*	*	*		*	*	*	
Length of wringer	n. s.	n. s.	n. s.	n. s.		n. s.	n. s.	n. s.	
Length of sticks	n. s.	n. s.	n. s.	n. s.		n. s.	n. s.	n. s.	
2. Potato masher..................					*				*
3. Wrung as dry as possible..............	*	*		*		*	*	*	

EXPLANATORY NOTE:—A star in any square means "yes." A blank square means "no." n. s. stands for "not stated."

Discussion of the Table

THE title of the table on page 394 tells you at once that it is an attempt to carry out the first phase of the evaluating process—*i. e.*, finding out what the general practice is in regard to turpentine stuping.

The headings at the top of the columns tell you that an attempt has been made to get a cross section of practices in this country by tabulating the information from nine hospitals distributed three in the East, three in the Mid-West, and three in the Far-West.

The list at the left attempts to carry out the second phase of the evaluating process—*i. e.*, to state the items of greatest significance in turpentine stuping. Why these are items of importance the ensuing discussion will seek to bring out.

A. Ways of Using Turpentine

THE various items with which we are concerned here are the mixture and amount used and whether it is applied warm. We have observed the data against A 1. The vacant square noted against A 1 is checked under A 2 which shows that this hospital adds boiling water to the turpentine.

In the subdivision A 3, the line having the most checks indicates that five out of nine hospitals apply the oil and turpentine mixture with every third or fourth stupe. And beside A 4 and 5 we see that some apply it hot, some apply it cold! As I survey these data many questions come to my mind. I shall present only the two most pressing ones, however:

1. Does warming the turpentine volatilize it so completely that the turpentine is lost?
2. Which one of the two ways of using turpentine makes it more permeable?

Chemistry gives us certain facts which can help to answer each question, but the answers raise a still more difficult question. Concerning the volatility of turpentine, chemistry tells us that it is a hydrocarbon of the aromatic series; that it is an essential oil dissolved in a resin; that it is insoluble in water; that it is distilled by steam, the volatile turpentine passing off and the resin staying behind.[1]

Concerning the permeability question, it tells us that both turpentine and oil have a surface tension around 30 (just about half the lowest surface tension of water), which means that they both permeate the tissues more easily than does water.[2] *But* turpentine mixed with oil permeates more slowly than when turpentine is volatilized with steam.

And thus it appears that the knowledge necessary to estimate the efficiency of the way turpentine is used in any method is lacking until we know what temperature of turpentine solution could be used in stuping to get the desired effect and yet be low enough so that all the turpentine would not be completely lost by volatilization before the stupe cloth could be wrung out and applied to the abdomen. But there are many who believe that turpentine is unimportant in the procedure anyway. They say that it is the heat which does the work!

B. The Stuping Procedure

HERE we are concerned primarily with the degree of heat used, the area over which the heat is used, and the length of time for which this area is subjected to intense heat.

---

[1] *Organic Chemistry*, Remsen and Orndorff D. C. Heath Co., 1922, pp. 442 ff.

[2]

Oil of turpentine.......	27.1
Olive oil.............	33.5
Water at 0°..........	75.6
Water at 100°.........	61.5

Handbook of Chemistry and Physics, Hodgman and Lange, Chemical Rubber Co., Cleveland. 14th ed., 1929, pp. 821 and 822.

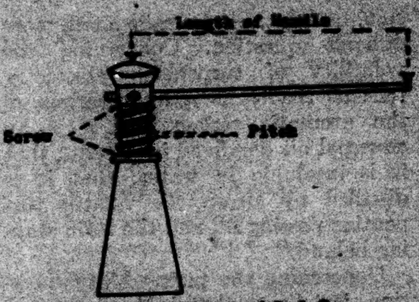


Figure 2.—Diagram of Jack Screw

Looking at the checks against B 1 and its subdivisions (the area considered), the scattering of them shows that sizes of area involved are varied and vague.

Looking at checks opposite B 2a shows that stupes are almost uniformly wrung out of boiling water. B 2b shows that in only one method is it known what degree of heat this has reached when it is applied to the abdomen.

Looking at B 3 the "n.a.'s" show vagueness again about this item concerned with the duration of the hot application.

The following physiological facts show why these considerations are important:

1. The quantity of blood called to this area when the body wall vessels are filled probably amounts to about one fifth that in the body.
2. The areolar and subcutaneous fat makes the abdominal wall a poor conductor of heat.
3. The viscera underneath the abdominal wall are probably heated by the rapid applications of hot stupes to such a degree that muscular activity is stimulated in the intestinal wall. This heating comes about by actually heating the blood here and also by preventing the conduction and radiation of heat from this surface area, thus keeping this part of the body warmer than any other part of the body.

And so it appears again that the knowledge necessary to estimate the efficiency of the way by which heat is applied in any method of stuping must be sought out before this phase of the procedure is validated.

1. Given two possible ways of applying stupes: rapid applications over a short period of time, or leisurely applications over a long period of time, which assures the maximum comfort for the patient?
2. At what temperature should stupes be applied, usually, to assure the most satisfactory results?

C. Methods of Wringing

IN considering C—Method of Wringing—we have at last arrived at one point where the knowledge prerequisite for evaluating the method of wringing is available. Looking at the checks against items in C we find that prevalent practices are quite consistent. This permits us to say that everyone wrings stupes with the familiar type of stupe wringer; no one considers the size of the wringer or sticks to be essential; and practically everyone wrings them as dry as possible.

I wonder how many of you have wondered as often as I about this "dry-as-possible" business? In the stupes I myself have applied, more of them have come out dripping than dry. The thing that has made me wonder primarily is that this wringer is constructed on the same principle as a jack screw (Figure 2) which I have often been so unfortunate as to use with success in jacking up my flat tires. Now why should I be successful in lifting a 2,000-pound car with a jack, when by applying the same amount of force from my arms to the stupe wringer I seldom succeed in wringing dry one small wet flannel cloth?

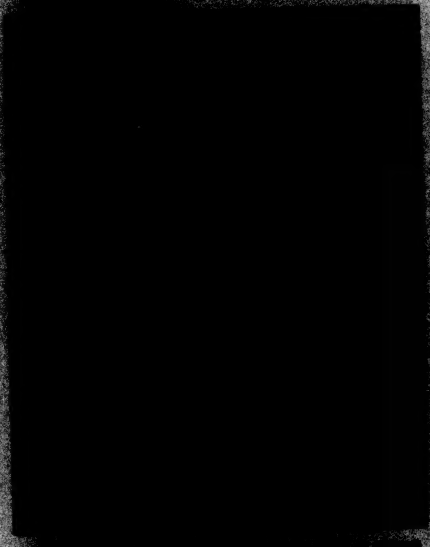
When I say that the wringer and the jack screw are constructed on the same principle, the principle which I refer to is that of the screw or wedge. And when I say that the mechanical advantage of the wringer is obtained from working out the formula:

$$\frac{2\pi\times\text{length of handle}}{\text{pitch}}$$[3]

equals this mechanical advantage, it sounds as though I had strayed a long way from home. But if I point to the illustration which you recognise as a stupe wringer in use and say, "This is the length of the handle, this is the screw, and this is the pitch of the screw," it begins to sound more as though I were on home ground. Inserting the requisite figures in the formula it looks this way:

$$\frac{2\times 3.1416\times 7''}{1''}\text{ equals }\frac{44}{1}\text{ equals }44.$$

This means that, neglecting friction, we apply 44 times the force in our hands [illegible] to this stupe.



[illegible] stupe [illegible] because a [illegible] with a wide large pitch.

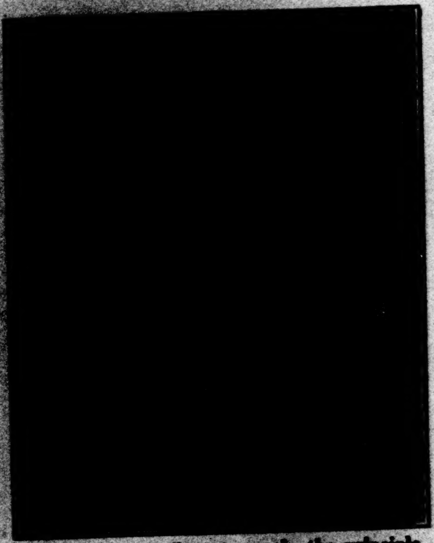


FIGURE 4.—Failure to apply the principle of the jackscrew properly. The stupe wringer here has been made into a short screw with a wide pitch and its mechanical advantage thus reduced considerably. The stupe cannot be wrung dry.

Why should not this power wring the stupe cloth dry? It will, if we reproduce the conditions in the illustration. But do we always reproduce these conditions? Suppose I fold the flannel up into a compact square bundle, put it into the center of the wringer and wring it with as much force as I can muster. It comes from the wringer dripping. The illustration shows what I have done: I have made a short, small screw with a wide, large pitch. It will be necessary to substitute a new figure here for the pitch:

$$\frac{2\times 3.1416\times 7''}{6''}\text{ equals }\frac{44}{6},$$

or only 7 times the force in our hands instead of 44 as before.

In contrast to this let me draw attention to the conditions in the wringers and method of wringing

---

[3] [illegible] Mansfield, Lynde, the Mac[illegible], pp. 16 and 17.

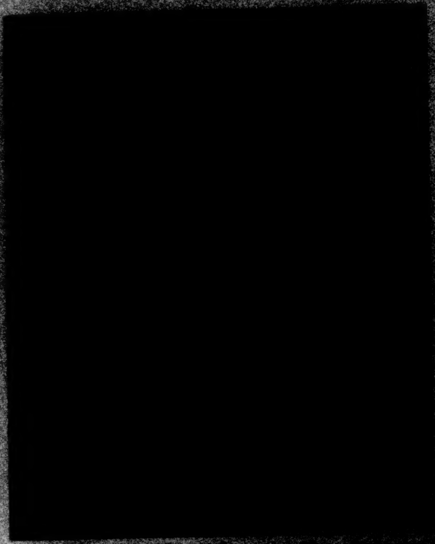


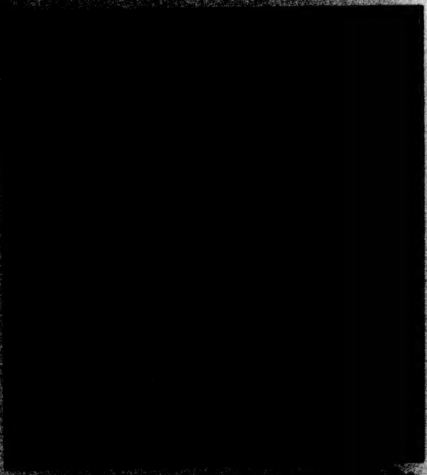
FIGURE 5.—The right proportions for stupe cloth and stupe wringer. The wringer is just long enough to hold the stupe folded lengthwise and just wide enough to hold the cloth folded lengthwise in thirds or quarters. It makes the stupe wringer a tall thin screw with a small pitch. See Figure 6

which will give 100 per cent performance. In the beginning, the size of the stupe must be stated.

1. The wringer should be just long enough to hold the stupe folded lengthwise.
2. The wringer should be just wide enough to hold the cloth folded lengthwise in thirds or quarters. (It should probably be one third the crosswise measure if the flannel is bulky, one fourth if light weight.)
3. The wringer should be made of a material that allows for a small pitch; for example, crash. (All of these three points directly provide for forming a small pitch.) Effectiveness in wringing decreases as pitch increases.
4. The handle should be as long as can be conveniently manipulated. The longer the handle, the less force required.
5. One handle of the wringer should be fixed when possible, if not, then the handles should be pulled away from each other during wringing.

I am sure that you see why I have aimed to present a method of approach to the evaluation of a nursing procedure rather than the evaluation of the procedure discussed. It has been necessary to leave you with questions in places where I wish very much it might have been possible to leave you with facts. This has to be, because we have not available the necessary facts and figures.

Who but nurses should collect these facts and figures, test them, and prove them, thus providing the means for evaluating nursing technics and—perhaps—improving them?



[illegible] a [illegible] percentage is [illegible]. Note that the wringer has become a [illegible] with a small pitch, that the handles are as long as can be conveniently handled and that the nurse is pulling each handle away from the other.

The Case Study

As a Method of Teaching Students and Graduates the Principles of Public Health Nursing

ELLEN L. BUELL, R.N.

[Teachers in schools of nursing will be interested in this presentation of the case study method from the public health nursing point of view. They will be interested in the statement of aims on page 400 and the extent to which they coincide with the aims of the same method when used in the school of nursing. Perhaps the most striking thing about the use of the method by public health nursing organizations is the fact that it is used as a tool for getting the job done, as well as a method of teaching the principles of public health nursing.

The case studies which are offered with Miss Buell's statement are valuable illustrations of the form and content of a case study; they are also suggestive in that they show how problems other than the immediate one which brought the nurse into the family are recognized and dealt with. Particularly useful to the student or staff nurse are the summaries at the close of each study, since they practically compel her to think about her problems in an orderly way and to judge whether she has or has not found a solution of those problems.—EDITOR.]

PUBLIC health nursing associations are obliged to admit to their staffs nurses who have had no previous experience, either practical or theoretical, in the field of public health nursing. Leaders of nursing education have not agreed upon the extent to which schools of nursing can provide this experience in the undergraduate curriculum and prepare their graduates for public health nursing. They do agree that greater effort should be made to include in the undergraduate experience an opportunity to study the patient in relation to his family and community, and to develop an appreciation of community health and social problems. A few of the schools of nursing have demonstrated that these opportunities may be provided by utilising the hospital and community resources. While it is desirable that certain attitudes and knowledge of community health problems should be developed in the student nurse, the opportunity to study the special field of public health nursing will probably continue to be provided through postgraduate experience. Therefore it seems likely that visiting nurse associations will continue to find it necessary to provide a program of staff education which will teach the fundamental principles of public health nursing to their new nurses.

In general we are interested in developing in each nurse an appreciation of the conditions of public health nursing and equipping her with a method of solving the problems which she meets. There is no set formula by which the problems in the homes may be solved. Unless a scientific attitude can be developed we cannot expect satisfactory work in the field of public health nursing. Thus it is that the steps in the process of solving any problem are stressed in the analysis of a family health problem; namely, the recognition of the problem, definite outlining and defining of the problem, formulation of possible solutions for the problem, selecting the solution which in this particular situation seems most feasible, application of the solution chosen, and finally judging the results in terms of its failure or its success. If these processes are consciously understood and practiced, a background of experience will be built up which will be of increasing help in the understanding and solution of problems in the field of public health nursing.

The general aims of the program of

staff education which visiting nurse associations plan for the introduction of new nurses to the field have been outlined by the Education Committee of the National Organization for Public Health Nursing as follows:[1]

1. To teach the technics and policies of the association.

2. To standardize the nursing procedures that are practiced in the home.

3. To teach the fundamental principles of public health nursing.

4. To determine the adaptability of the particular individual to the field of public health nursing.

The third aim implies that there are certain underlying principles which are either peculiar to the practice of public health nursing, or which are given greater emphasis in this field than they are in the other phases of nursing. If this is true, a study of the problems which confront the public health nurse in her daily work should provide many illustrations of these differences and offer opportunities for teaching the fundamental principles of public health nursing. The primary purpose of this article is to show how the case study has been used by the Visiting Nurse Association of Henry Street Settlement as a method of teaching the fundamental principles of public health nursing to its new staff members.

For the past three years the Visiting Nurse Service of Henry Street Settlement has included the case study as a routine part of the introduction of new nurses to the field. Each new nurse, whether a qualified graduate nurse who has been admitted to the permanent field staff, or a graduate or undergraduate student who is admitted for two months of field experience, has been expected to write one case study during the introductory period of two months. After using this method of teaching for two years, the supervisors appointed a committee to reconsider the method in the light of their past experience and to work out more definite policies and procedures relating to its use. The main parts of the report of this committee are given because it represents the the present attitude of the organization toward the case study, and includes the instructions which guide the supervisors in its use.

The committee feels that the case study could be profitably considered from the standpoint of the development of the old staff nurse as well as the new nurse. Although study of the health problems of a family is the essence of public health nursing, very little conscious attention has been given to a special case study for the older staff nurse. In the stress of every-day demands the nurses feel the pressure for time to complete their work satisfactorily. Would it not be stimulating and worth while to the nurse, and valuable to the progress of public health nursing in general, if provision were made for each staff nurse to study intensively the health problems of a selected family?

The suggestions of this committee relate only to the case study as a method of teaching new nurses and are as follows:

Case Study

THE case study is defined as a study of the health, social, and personality problems of a family, with an attempt to analyze the problems, formulate a plan for treatment, and, so far as possible, execute the plan.

Purposes of Case Study

1. To help the new nurse to understand the meaning of family health supervision, and the interrelated social and health problems.

2. To help the new nurse to appreciate the possibilities of improving the conditions in the home.

---

[1] *Public Health Nurse*, August, 1922.

3. To provide through concrete illustrations the opportunity to teach the fundamental principles of public health nursing.

4. To develop a more scientific method of approach to her work.

Suggested Method of Procedure

1. Time for conference on case study:

It is recommended that the conference on the case study be presented to new nurses about the fourth week of the field experience. At this conference the supervisor discusses the purpose, the content, the type of family suitable, and the outline which suggests the form for writing the study. The completed study is due at the end of the first two months in the field.

2. Preferable type of family to be selected:

(a) A family where the nurse expects to make several home visits, and if possible has made the first contact.

(b) A family where health problems are predominant, and where the responsibility for health supervision is not assumed by other community agencies.

(c) A family where there are children of infant, pre-school or school age.

3. In order to interest the nurse to begin work on her case study immediately, it is suggested that each nurse be requested to [illegible] conference the record of a family in which she is interested, and which meets [illegible] of the foregoing conditions relating to [illegible] of the family. Following the [illegible], time could be given to allow the [illegible] analyze this family according to the [illegible] her at the conference.

4. It is suggested that a weekly case conference be arranged. At this conference [illegible] is expected to report the progress [illegible] and to receive the suggestions of [illegible] as to the development of further [illegible] conference offers an opportunity [illegible] of the experiences of all and [illegible] of general policies of public [illegible]

[illegible] of the case study is that [illegible] case studies presented with this [illegible]

[illegible] the actual case studies [illegible] by new nurses, [illegible] must be kept in mind. [illegible] studies are submitted [illegible] of the first two months in [illegible] they represent an analysis of public health nursing problems based on very limited experience in the field. The short period of time over which the study is made does not allow for the completion of the work started, and thus from the standpoint of case studies in public health nursing they are very incomplete. The purpose in presenting these studies is to show that the analysis of a family situation offers ample opportunity to teach the applications of the underlying principles of public health nursing based on the actual experience of the new nurse. We find illustrated many times the importance of records, the principles of coöperation, the opportunities for teaching in the home, the need for considering the religious affiliation of the family, professional relationships, the principle of payment for service rendered, and the need for general family health supervision.

Case Study No. 1

Family X

Date of first contact—February 22, 1929.

Members of Family

Parents	*Names*	*Date of Birth*
Father	Patrick	1889
Mother	Margaret	1890
Children	Francis	Dec. 11, 1921
	Patrick	Mar. 22, 1924
	Bridget	June 22, 1925
	John	Jan. 3, 1927
	Annie	Feb. 21, 1929

Nationality—Father and mother born in Ireland. Migrated to United States in 1913. Lived in a small town in Massachusetts for eight years, coming to New York City in 1921.

Citizenship—Both Mr. and Mrs. X are United States citizens.

Economic Status

1. *Income*—Father earns $40 a week.
2. *Rent*—$26 a month.
3. *Occupation*—Mr. X is employed as a watchman for a gas company, working from 4 p.m. to 12 midnight. Employment regular.
4. *Insurance*—Every member of the family is insured in the Blank Life Insurance Company.

5. *Fees*—Nursing care in home paid for by Blank Life Insurance Company.

Referred by—Husband called for nurse to care for his wife following the birth of Annie, February 21, 1929.

Religion— ———————— Members of Church on Blank Street.

Report of Social Service Exchange—Case cleared February 22, 1929, not known to any agency.

Previous Contacts—Not known to Henry Street Visiting Nurse Service before.

Housing Conditions

1. Neighborhood—Family living in middle-class neighborhood, population largely Irish. Streets are fairly clean. The elevated runs directly in front of the apartment house. Street is very noisy; considerable heavy traffic. Blank Park is two blocks from home.

2. Halls of apartment are very narrow and dark, lighted by gas and kept fairly clean.

3. The apartment has four small rooms. The front room, the only one that gets direct sunshine, is the largest and is used as a combination bedroom and living room. The next room back is the kitchen, which is very dark, cluttered with furniture, and clothing hangs about on the walls. This room is so dark that the gaslight is needed for ordinary kitchen work during the daytime. Back of the kitchen are two small dark bedrooms with windows on a dark court. Each room has a double bed; the father sleeping with Bridget in one room—Francis and Patrick sleeping in the other. Mrs. X, John, and the baby sleep in the front living room. Ventilation is very poor—all rooms except the front room are always very warm and close. There is a small coal cook stove in the kitchen; this is the only heat for the apartment, as there is no central heating plant in the building. The toilet is in the hall, and is used by one other family. There is no bathtub, the mother bathing the children once a week in the "set tubs." The house is usually quite untidy—the kitchen sink piled high with dirty dishes and cooking utensils—soiled clothing on chairs in the kitchen and bedrooms. The beds are fairly clean. There is clothing hanging everywhere.

Brief Statement of Medical and Social Findings of Family

Upon first visit to family, Mr. X announced that he had called the nurse to take care of his wife at this confinement because the expenses of the family and general living were increasing rapidly and he was having some difficulty in meeting them. For the other confinements, they had a practical nurse to give care and do the housework. He was very much upset because the case had been reported on the previous day and the nurse had not come until twenty-four hours after the birth of the child. His attitude was quite disagreeable. The nurse took considerable time on the first visit to explain the service and the possible reasons for a late call.

Situation and Family Problems

Patients—(1) Mrs. X:

a. Diagnosis—Postpartum.

b. Medical care—Private physician delivered patient of a living female infant on February 21, 1929. The physician in charge had attended Mrs. X at all other confinements and the family apparently have unlimited confidence in his ability. The delivery was normal.

c. Nursing care—General postpartum care of mother. The patient had not been carried as an antepartum patient; consequently, on the first visit considerable time was spent in assembling supplies and teaching a neighbor her duties and responsibilities. The helper was a rather slovenly, careless individual, but anxious to assist. She showed definite progress and toward the end of the postpartum period was able to give the mother complete general care. The patient had nine postpartum visits. The physician was in the home but twice.

d. Attention to immediate surroundings:

Cleanliness—Emphasis was placed on the daily care of the patient's bed, bathing, care of the teeth, etc. Her mouth is in very bad condition and needs immediate dental care. Urged daily brushing of teeth.

Quiet—Advised keeping the children out of mother's room as much as possible and out of doors.

Ventilation of patient's room—Stressed ventilation on every visit—windows usually open two or three inches. Suggested buying window ventilators and keeping windows of other rooms open from the top.

Care of bath, water, bedpan, etc.—Helper told on every visit as to their care, but apparently did not understand the reasons for their [illegible] care.

e. Mental attitude of patient—Rather interested and friendly. Appreciated nursing care. She tried hard to follow nurse's instructions, but is physically and mentally tired and just has too many responsibilities to carry on her duties, as she would like to. Rest period and early bed hours were urged.

Patient—(2) Annie:

a. Diagnosis—Newborn.

b. Medical care—Same as for mother.

c. Nursing care—General newborn care given by nurse for eight days. Normal condition at end of that time except that the umbilicus was slightly protruding. On the eighth visit, a demonstration tub bath was given for the mother and the following day the mother returned a demonstration bath. This was done fairly well; she seemed quite confused and many details were neglected. Many suggestions as to child care which were made by the nurse, such as regular feeding, bathing, and habit formation were absolutely new ideas to the mother. A small bed was obtained for the baby at the nurse's suggestion, and the mother plans to get quilted pads and knitted bands as advised. Need for fresh air and sunshine for baby was stressed.

Patient—(3) John:

a. Diagnosis—Stomatitis.

b. Medical care—Private physician.

c. Nursing care—During the period of daily visits to the home for the mother, John developed a "sore mouth"; the tonsils were swollen and white spots were on tongue and lips. Temperature was elevated and glands of the neck were swollen. Family were advised to call family physician, which they did. Orders were left and isolation of the child was advised. On the following day, the mother was instructed by the nurse in carrying out the physician's orders—isolation methods and general care. There were five nursing visits.

It was very difficult to keep the child in bed, but the mother coöperated fairly well and kept him there part of the time.

Diet was fairly satisfactory—liquid and soft diet advised during period of extreme soreness of mouth.

Teeth—Need immediate care—very dirty and marked caries; no toothbrush.

Habits—Child still taking milk from bottle. [illegible] to mother the seriousness of continuing bottle and its effect on the child in [illegible] years. Also, the possibility that the "sore mouth" might be caused by dirty [illegible] [illegible]. Promised to break child of this [illegible]. Child sleeps with mother—advised [illegible] to sleep with brothers.

[illegible] cooperative and friendly—His coöperation was enlisted in giving up the bottle.

Other members of the family:

Father—Mr. X.

General observation and habits—A very thin, apparently undernourished, hard-working man. He sleeps very late in the morning, nine to ten o'clock, and spends most of his time after breakfast playing with the children, talking with neighbors. He is a rather domineering, self-satisfied individual. Gentle and kind toward the children, but not very considerate of his wife. Apparently he does not assist her any with household duties. He has never had a physical examination and his teeth need care.

Francis:

1. General appearance and physical findings—pale, thin and apparently an undernourished child. Had physical examination at school last fall. Teeth were cared for after that examination by private dentist. They need cleaning at present. Glasses were also obtained after the examination and he wears them constantly. Posture is fair.

2. Habits:

Sleep—To bed at 7 or 8 p.m. up at 7.30 a.m. Sleeps with brother; windows closed.

Diet—Appetite good; drinks three or four glasses of milk daily; cereal daily; vegetable and fruit regularly.

Eats meals alone, as meals for family are arranged according to father's working hours.

Care of teeth—Brushes irregularly.

Fresh air—Plays out of doors very little.

Bath—Once a week.

3. Prophylaxis—Vaccinated in infancy. Has not had T.A.T.

4. Child friendly, happy and helpful—attending Parochial School, first grade.

Patrick:

1. General appearance and physical findings—Very pale, thin, quiet child.

2. Habits:

Sleep—7 or 8 p.m. to 7.30 a.m. Sleeps with brother; windows closed.

Diet—appetite fair; drinks two or three glasses of milk a day; fruit, vegetables, cereal daily; eggs or meat daily.

Care of teeth—Brushes irregularly.

Bath—Once a week.

Fresh air—Child is sent down to the street daily with sister. There is no play space, and he spends perhaps two or three hours watching the street activity.

3. Prophylaxis—Vaccinated in infancy. Has not had T.A.T.

4. Child is noticeably quiet, shy and inactive; does not play with other children a

great deal; talks very little; few toys in the home.

Bridget:

1. General appearance and physical findings—Fairly well nourished, pale, happy child. Her flesh is firm, posture fair, skin clean and clear. Teeth clean, one small cavity.

2. Habits:

Sleep—7 or 8 p.m. to 7.30 a.m. Sleeps with father; windows closed. No rest periods during the day. Diet—Appetite very good; two or three glasses of milk a day, eggs, meat, vegetables, fruit and cereal daily. Has meals at irregular times.

Care of teeth—Brushes occasionally.

Bath—Once a week.

Fresh air—Plays on street with brother two or three hours a day.

3. Prophylaxis—Vaccinated in infancy. Has not had T.A.T.

4. Child is very friendly—apparently quite bright, gets considerable attention from father, who seems to give child anything she asks for. Mother pays very little attention to child.

Date of first visit—February 21, 1929.

Number home visits at time case study was submitted—22.

No club or clinic visits.

Supervision of family will be continued.

SUMMARY

Name	Problem	Plan	Work Completed	Work Pending
Patrick	Physical examination. Recreation. Dental Care	Physical examination at hospital. Dental Care at hospital.		Physical examination. Dental care.
Margaret	Postpartum care. Postpartum welfare. Postpartum examination. Recreation.	Nursing and medical care during postpartum period and following months. Dental clinic. More planning of home work and thus more time for recreation and fresh air.	Postpartum nursing care. Postpartum welfare visits. Transfer to Adult Health Supervision. Planning day somewhat better.	Physical examination. Care of teeth. Mother needs more help making plans and use of leisure time.
Annie	Newborn care. Newborn welfare. Health supervision.	Nursing and medical care during newborn period. Medical and health supervision of baby. Follow-up by Henry Street Visiting Nurse Service—Refer to Infant Health Station.	Newborn nursing care. Newborn welfare visits. Transfer to Health Supervision.	Registration at Infant Health Station and Health Supervision.
John	Care of infected mouth. Physical examination. Care of teeth. Prophylaxis (vaccinated, T. A. T.) More fresh air and play out of doors. Weaning from bottle.	Nursing and medical care of mouth by private doctor and Henry Street. Physical examination at preschool clinic. Dental care at clinic. T. A. T. and vaccinated at preschool clinic. Mother to take child to park every day. Take bottle from child.	Dental work at clinic. Weaned from bottle. Appointment given to preschool clinic.	Registration at preschool clinic for physical examination and T. A. T. and vaccination. Health habits.

SUMMARY—*Continued*

Name	Problem	Plan	Work Completed	Work Pending
Francis	T. A. T. More fresh air and play. Regular use of toothbrush. Open windows.	T. A. T. at clinic. To park every day for play. Interesting child in care of health and general health habits.	Play and fresh air discussed with mother frequently.	T. A. T. Health habits.
Patrick	T. A. T. More fresh air and play at regular period. Physical examination. Care of teeth. Open windows. Shyness, etc.	Physical examination and T. A. T. at preschool clinic. To park every day for play. More attention to child by parents. Interesting child in health habits.	Referred to preschool. Child getting outdoors more, but not to park. Discussed problem of shyness with both parents.	T. A. T. and physical examination at preschool clinic. Health habits.
Bridget	Physical examination and T. A. T. Less attention from father. Sleep alone or with mother. Care of teeth. Play at regular periods in park.	Physical examination at pre-school clinic. To park every day for play and fresh air. Interesting child in health habits. Sleeping with mother.	Referred to pre-school clinic. Discussed frequently with mother need for fresh air, sleeping alone, and less attention by parent.	T. A. T. and physical examination at preschool clinic. Health habits.

Case Study Number 2

Family C

Members of Family

Parents	*Date of Birth*	*Color*	*Country of Birth*	*Religion*	*Education*	*Citizenship*
David . . .	1901	Black	B. W. I.	————	Grammar school	1st papers
Evelyn . .	1904	Indian	B. W. I.	————	Grammar school	No
Children						
Enid . . .	1922	Black	U. S. A.		2nd Grade	
Sylvia . . .	1923	Black	U. S. A.		1st Grade	
May . . .	1926	Black	U. S. A.		Pre-school	
[illegible] . . .	1 week	Black	U. S. A.		Infant	

Economic Status

David, the father, came to U. S. A. eleven years ago in order to study dentistry, but lost the money given him by his father, due to [illegible]. He is the only one in the family earning any money, and he makes only [illegible] a week plus tips. He is an elevator man [illegible] in downtown district.

They have living with them a cousin of the husband, who washes dishes in a restaurant and who pays the family $3 or $4 a week when he can. They pay $60 a month rent for a six-room apartment; would like to rent another room, but have not been able to as yet.

Mother, father, and Enid have Blank Life Insurance policies.

[illegible]

Source of Call

The family was reported to Henry Street Service by a Maternity Clinic. The mother was carried for antepartum supervision and postpartum care. This is the first contact with the family.

Report of Social Service Exchange

They are unknown to any other agency.

Conditions Found in Family at Time of Present Contact

The apartment is in a colored section, very clean and airy, but fairly noisy, due to the fact that there is a garage on right-hand side. Only two rooms have outside exposures.

The children are well nourished, well dressed, and fairly well behaved. Mother keeps the apartment very clean.

The mother was carried as an antepartum case and was very cooperative. She had her trays all ready as well as pads made, and carried out instructions given. She is a very good mother, devotes all her time to her family and home.

The home atmosphere is very pleasant; the father is interested in the welfare and care of children and wife. They manage very well on small income.

Mother and children are being cared for in absence of nurse by a friend of the family. The father takes care of them at night. The

SUMMARY

Name	Problem	Plan	Work Completed	Work Pending	Probable Solution
David	Insufficient income.	To interest father and mother in trying to find less expensive apartment			
Evelyn	Antepartum supervision.	Make visits as necessary.	Supervised during antepartum period. Help patient make necessary preparation for baby and care during postpartum period.		
	Need of nursing care during postpartum period.	To make daily visits and instruct helper about care in absence.	Daily visits made by nurse during postpartum period. Helper instructed.		
	Unable to persuade children to help with housework.	To try to help mother by getting children interested in helping nurse.	Children's interest gained in helping with housework and errands.	Visits to be continued to help mother in securing children's help.	
Enid	Enlarged tonsils.	To secure consent of parents for medical examination.	Have given mother slip to ——— Clinic.	Examination.	Mother will take her to clinic as soon as she is able.
	Need of dental care.	To teach the child proper care of teeth.	Have secured child's interest in brushing teeth every day. She also supervises the younger children brushing their teeth.	Dental care.	Will probably be referred to dental clinic from medical clinic.
	Not interested in helping mother.	To stimulate a feeling of responsibility in helping mother with housework and care of younger children.	Is beginning to help with work and with care of younger children. Teases children much less. Child is getting other children to help.	Continued encouragement.	

Father is very coöperative and enjoys the children. The mother has not had medical care except during pregnancies.

The three older children sleep together. Mother says they cannot afford an extra bed for the younger child. The arrangement works out badly, as the two older children get great satisfaction out of teasing the youngest child. They wet the bed and blame it on the younger child.

The family have very *few friends* and cannot afford outside recreation. The father is a member of the American Legion, having been in the American Army overseas for three years.

SUMMARY—*Continued*

Name	Problem	Plan	Work Completed	Work Pending	Probable Solution
Sylvia	Enlarged tonsils.	To have medical examination.	Have secured mother's permission for examination.	Medical examination.	Have given mother slip to Medical Clinic and will take her as soon as able to.
	Proper care of teeth.	To teach child proper care of teeth. To send to dental clinic.	Brushes teeth every day.	Dental examination.	Will be referred from Medical Clinic.
May	Enuresis.	To try to secure child's interest by means of star chart. To instruct helper in limiting fluids after 4 P.M., etc.	Child very much interested in chart. Is having more dry than wet nights.	Further visits to be made to encourage child.	
	Temper tantrums.	To try to make family see the danger of teasing the child and calling her naughty.	Has fewer tantrums. Older children's interest has been secured. Child is teased much less.	Mother has been instructed in isolation method, and as soon as she is able to take charge of the household again will try it.	
	Separate bed.	To suggest putting in vacant room.		Mother not yet persuaded—afraid of mattress, etc.	
Betty	Nursing care.	To make daily visits and instruct helper in care when nurse away.	Daily visits made. Helper gave good care in absence of nurse. Mother given demonstration bath.		
	Need of starting child on regular health habits.	To make supervisory visits, until child is 21 days, to help mother in establishing habits.	Child is being supervised regularly.	To continue supervision. To secure mother's interest in registering child at baby health station.	

Date of first visit, April 23, 1929.
Number of home visits at time case study was submitted—9 antepartum visits, 11 postpartum visits.
[illegible] visits.
Supervision of the family will be continued.

The English Midwifery Service

HESTER VINEY, S.R.N.

THE history of midwifery practice in England is an interesting one since, although the profession has always included women of very varying grades of education and status, yet it has at all times attracted into it women of fine ideals and inspiration to whom its responsibilities and potentialities have made a strong appeal.

The midwives themselves made several attempts to organize their profession, but official recognition of their office was not given until the Act of 1902 definitely laid down the conditions of their employment: this Act was largely the result of the work done by the midwives through the Midwives' Institute.

The work of the midwife differs greatly from general nursing. The midwife bears the heavy responsibility of two lives, that of the mother and that of the child. She practices, in normal cases, without the doctor to advise or assist her, and she deals with a normal physiological process instead of with a pathological condition. These differences have to be appreciated in order to understand the legislation connected with the midwifery service.

The Midwives Act of 1902

RECOGNITION of the importance of this service was given by the Midwives Act of 1902 under which a Central Midwives Board was constituted, consisting solely of nominated members, whose duties are to carry out the provisions of the Act. The Central Midwives Board approves courses of training in midwifery and conducts the examinations conferring the qualification of midwife. A roll of midwives is kept by the Board and two types of midwives are enrolled:

(a) Bona-fide midwives whose practice was approved and who were not expected to pass the qualifying examination.

(b) Since the Act of 1902, midwives who have taken an approved course of training and passed the qualifying examination.

Women whose names are not on the roll of midwives are forbidden by law to practise midwifery.

The Board laid down definite regulations respecting the practice of the midwife, defining as clearly as possible the scope of her office and her responsibilities. Midwives who contravene these regulations come under the jurisdiction of the Board, who hear the facts of the case and, where malpractice is proved, have the power of removing the name of a midwife from the roll and of restoring it on the application of the midwife herself, if and when she satisfies their requirements. The midwife has the right to be represented at any such inquiry by a lawyer and has also the right of appeal to the High Court against any decision of the Board in the case of the removal of her name from the roll.

The regulations laid down by the Board had to be submitted for approval to the Privy Council until the establishment of the Ministry of Health in 1919 which took over these powers from the Privy Council.

The actual supervision of the midwife is given under the Act of 1902, to the local authorities of the county and the county borough councils: these authorities are called in the Act by the title of Local Supervising Authorities. In [illegible] they were given the power of [illegible] in [illegible] their areas. This [illegible] was repealed in the 1936 Act and, in spite of active protest by the [illegible] and nurses' professional [illegible], has again become permis[illegible] certain conditions in the [illegible] Government Act of 1929.

[illegible] Local Supervising Authorities [illegible] the duty of exercising a [illegible] supervision over the way in [illegible] the midwives carry out the [illegible] of the Central Midwives [illegible] They have to investigate [illegible] malpractice, reporting on the [illegible] to the Board. They also are [illegible] to maintain a list of all the [illegible] practising in their area.

[illegible] midwife on her part is obliged [illegible] with the work of the [illegible] authority. Under the No[illegible] of Births Act 1907–1915 the [illegible] each child must be notified [illegible] father, if resident in the house [illegible] time of the birth, or by any [illegible] attending upon the mother, [illegible] hours of the birth. This [illegible] is sent to the Medical [illegible] Health of the Local Author[illegible] under the rules of the Central [illegible] Board, the midwife is [illegible] notify her Local Supervising [illegible] of certain conditions if and [illegible] they occur in her practice and [illegible] way the authority is kept in [illegible] with her service.

[illegible] Midwives Act of 1918

I[illegible] a second Midwives Act [illegible] with some of the anomalies [illegible] which had arisen [illegible] Act.

[illegible] this Act the Central Mid[illegible] was empowered to meet [illegible] of midwives called upon [illegible] before the Board; [illegible] Supervising Authorities [illegible] midwives [illegible] pending a judgement by [illegible] the Central [illegible] were [illegible] the work of the mid[illegible]

In 1918 the war came to an end and the period following the Armistice was one in which the old resistance to change in England was to some extent broken down. The nation was ready to review its life and method of government in a critical mood and the blessed word "reconstruction" was heard on every side.

Conditions of life were greatly altered since the passing of the original act of 1902. The nation, sadly aware of the war losses and genuinely alarmed at the infant mortality and morbidity rates and at the revelation of national ill health made by the army medical examinations on the one hand and by the school medical service on the other, was ready to foster progress in the public health services.

In 1907 and 1915 acts had been passed, at first permitting and later insisting upon the notification of the birth of every child to the Local Medical Officer of Health.

The Maternity and Child Welfare Act of 1918 gave the widest possible powers to the Local Authorities for the welfare of the mothers and children. The political influence of women, newly enfranchised, was felt in each advance, and the abolition of the Local Government Board and the establishment of the Ministry of Health in 1919 enabled some order to be achieved amid the chaos of the overlapping authorities and functions.

On the nurses' side, the Nurses' Registration Act of 1919 established the General Nursing Council and a standard of qualification for the nurses who were permitted to register themselves on satisfying the conditions laid down under the Act. A new emphasis was laid upon the certificate of the Central Midwives Board, and it has become usual for general trained nurses to take this qualification in addition to their hospital certificate.

In the meantime the Local Authorities, encouraged by grants from the Ministry of Health and by the popular demand, extended the maternity and child welfare work under their public health schemes and appointed as health visitors, trained nurses holding the additional midwifery qualification. These officials became responsible, amongst other duties, for supervising the health of mothers and of children under five years old.

One more authority had arisen since the 1902 Act in the Approved Societies who carry out some of the terms of the National Health Insurance Acts of 1911–1928 and who are made responsible for the administration of the cash benefit (30/– at first and later £2) paid to the insured women and to the wives of insured men at childbirth.

The midwife of this new period found herself an integral part of a growing national scheme for the protection of the mothers and children. Her service tended each year to come into more intimate contact with the public health and hospital authorities and her work to be publicly recognised and appreciated as of national importance.

The Maternal Mortality Rate

FROM 1918 onwards, the question of the maternal mortality rate attracted public attention, and its persistently high level in face of so much effort in the direction of health for mothers and children aroused alarm and criticism. The infant mortality rate had fallen with dramatic suddenness, but the maternal mortality rate remained and still remains from 4 to 4.42 per 1,000 confinements.[1]

Public attention concentrated upon two aspects of the question: upon the whole practice of midwifery as it concerned the health of the mother and upon the environmental conditions under which the mother lived and in which the confinement often took place. These inquiries led on the one hand to a new Act of Parliament dealing with midwifery and on the other to the Housing Acts and schemes which, it was felt, would relieve some of the hardships inflicted by the war restrictions upon building.

The Midwives and Maternity Homes Act 1926

THE Midwives and Maternity Homes Act of 1926 was designed to strengthen the existing law to prevent unqualified women from practicing midwifery. Minor points of finance were dealt with and an important section of the Act defined the conditions under which maternity homes were permitted to be established. By this Act all homes in which women are received for confinement must be registered by the Local Authorities and inspected by them. Registration may be refused unless the conditions laid down are complied with and these conditions include the proper qualification of women responsible for conducting the confinement and the general sanitation and construction of the building and the conduct and organization of the home.

A further Act secured the registration and inspection of all nursing homes.

---

[1] The maternal mortality rate for the U. S. birth registration area ([illegible] states and the District of Columbia) for [illegible], the last year for which figures are available, was [illegible] per 10,000 live births. Iowa reported the lowest [illegible] rate, [illegible] maternal deaths per 10,000 live births. Utah was [illegible] [illegible] [illegible] Arkansas, [illegible] [illegible] Pennsylvania, Vermont, [illegible] and Wyoming [illegible] [illegible] their [illegible] to the [illegible]

[illegible] Government Act of 1929

[illegible] Local Government Act of [illegible] reaching influence was [illegible] the statute book. By this [illegible] overlapping functions of the [illegible] Law Authorities and the [illegible] Authorities were [illegible] the abolition of the sepa- [illegible] Law Authorities and the [illegible] of their functions of the [illegible] of the Poor Law with [illegible] work of the Local Author- [illegible] Local Authorities will now [illegible] the institutions formerly [illegible] by the Boards of Guard- [illegible] include the large and often [illegible] Poor Law Infirmary [illegible] Many of these hospitals [illegible] departments and have [illegible] as midwifery training [illegible]

[illegible] Authorities are therefore [illegible] to combine many diverse [illegible] into one coördinated [illegible] maintain good health in [illegible]

[illegible] now responsible, amongst [illegible] duties, for the health [illegible] and of children under [illegible] through their health [illegible] education, through their [illegible] for the pro- [illegible] for physical and [illegible] and for the provision [illegible] relief in poverty, [illegible] Many Local [illegible] time main- [illegible] maternity homes or [illegible] beds in hospitals.

[illegible] local government [illegible] midwife [illegible] and a [illegible] today to [illegible] will have to [illegible] of the [illegible]

[illegible] employed [illegible] authorities and there is a notable variation in their remuneration and status. The Queen's Institute of District Nursing and the independent district nursing associations employ a large number of nurses who are also midwives and who practice as general nurses and midwives or as midwives only; local authorities, as county boroughs, for example, employ salaried, whole-time midwives in some parts of England.

Hospitals with maternity departments and district areas employ midwives who staff the maternity ward and department and supervise the work of the pupils and teach the practical work of midwifery, and there are also a large number of independent midwives practicing by themselves or in partnership.

Report by the Ministry of Health

THE Ministry of Health has recently appointed two departmental committees to make an exhaustive inquiry into the midwifery service and into the whole problem of the maternal mortality rate. Of these committees one has already published a report[1] suggesting the lines upon which advance may be made in the existing midwifery service.

Recommendation for a National Scheme

THE recommendations of this first report aim at improving the education and supervision of the midwife. Many suggestions are made for the improvement of the conditions of her employment and of her remuneration and pension. The report recommends a larger sphere of influence over the midwife by the Ministry of Health.

---

[1] Report of Departmental Committee on the Training and Employment of Midwives, Ministry of Health. Reference No. 33-266, His Majesty's Stationery Office, Kingsway, London, W. C. 2. Price, 1/-.)

These recommendations would definitely restrict the present powers of Central Midwives Board, but leave to it the conduct of examinations qualifying the midwifery candidates and the present penal powers. The report is now the subject of much discussion, professional opinion being strongly on the side of self-government.

For the midwife herself great emphasis is laid upon her part in antenatal care of the mother, and the report visualizes a scheme on a national basis which, by incorporating into it the National Health Insurance and Local Government public health schemes, would ensure to every mother, under whatever circumstances she was placed, a complete organization designed for her own welfare and for that of her child. The British Medical Association, who have also dealt with this question, have produced their own scheme in which the same ideal is expressed, but prominence is given to the service of the general practitioner and of the midwife rather than to any expansion of the public health scheme.

The reports of the medical committee now sitting upon the maternal mortality rate are eagerly expected and it is hoped will lay the foundations of an efficient national method of caring for the mothers and children of England.

The way has been long and hard which the English midwife has had to tread, but she has been fortunate in the inspiration and idealism of her leaders.

The brighter future which some of the legislative changes seem to offer her will have been won very largely by those leaders who have devoted themselves for so many years to the question of midwifery training and service.

Maternity Institutes

THE object of the Maternity Center Association of New York is to teach people the value of and need for adequate maternity care and to help secure that care for expectant mothers. The Association has always felt that time spent in educating nurses was time profitably spent, so as far back as 1919, the field experience was provided during the summer for nurses who were interested in maternity care. With the passage of the Sheppard-Towner Bill and the demand for nurses with maternity experience, the Association developed its activities on a basis which made it possible to give supervised experience to nurses.

In October, 1929, in order to extend this education of nurses, a program of institutes was developed that Maternity Center methods might be described and demonstrated to nurses in their own communities. Anita Jones, one of the Assistant Directors, was assigned full time to the institute work. These maternity institutes are conducted in three or four two-hour sessions arranged to suit the convenience of the local group which sponsors the institute. Each institute includes a general discussion of the maternity situation and the part the nurse may play in improving maternity care; a brief review of delivery and postpartum care and a detailed discussion of mothers' classes. Demonstration equipment is carried and set up for each institute, so that the nurses attending the institute may examine the teaching equipment and learn just how each thing is used and why that particular type is urged.

The institutes are held wherever they are requested provided a registration of at least fifteen nurses can be expected. An effort is made to limit the groups to a maximum of fifty. Where more than fifty nurses wish to attend, two institutes are arranged for. The nurses pay an individual registration fee of $3, or the institution or organization which requests the institute may pay the registration fee. Where the fee of $3 per nurse seems too much, or where another plan might seem advisable, an adjustment can be made.

Institutes have been conducted in the following states: Virginia, West Virginia, Pennsylvania, New York, New Jersey, Connecticut, Colorado, California, and Oregon. These institutes have been sponsored by various agencies: by the State Department of Health, by the Extension Department of a University, by the local Visiting Nurse Association, by the State Organization for Public Health Nursing, and by unorganized groups of public health nurses.

Utilizing the Antepartum Record

NAN H. EWING, R.N.

THE use of medical records of which the nurse's clinical record is a component part is being encouraged by clinicians more than ever before. If a medical record is to be usable it must be valuable and to be valuable records must be produced by well trained workers. In medical history work both doctors and nurses are prone to take one of two attitudes. They either insist that case records be minutely complete, or they ignore to some extent the details which have an important, if indirect, bearing on the chart. The possibilities for research in the data are often overlooked by hasty recorders, and all too often we are only passively aware of the legal value of the record.

We in nursing education have to face two factions when we perform the apparently simple act of teaching bedside charting and chart interpretation. The fundamentalists say that the nurse is a handmaiden of the doctor, a lowly handmaiden indeed, and that she must stay within her narrow sphere. They are willing that her record be part and parcel of the recorded data. It is customary, harmless, and valueless. These doctors believe that nurses need willing hands and happy hearts, but no other equipment. If we accept this theory it will be wiser to discontinue writing worthless reports.

The modernist may either wish to disregard the nurse's findings or he may demand such an elaborate record that the nurse with scant knowledge of the subject will be incapable of [illegible] than a satisfactory report. [illegible] lies, as [illegible], I believe, in [illegible] of [illegible], neither in the [illegible] of ignorance nor on the [illegible] heights of medical science. In other words, the well educated nurse knows that her best ground is in her own province. The far-off fields of the doctor's domain may appear inviting, but the wise nurse knows that she will not lack opportunities in her own realm, and we may all be thankful for the comforting class of doctors who stand between our provoking fundamentalists and our exacting modernists. These men see in the nurse's record a valuable contribution to the medical history and find in it an indispensable aid to diagnosis.

Passing over this long preamble and focusing on the subject of antepartum service records as a type of clinical records, we are faced with these questions germane to the topic: Are nurses prepared to produce usable records during the antepartum period? Are they properly taught to interpret the companion pieces of the chart, *i. e.*, the pregnancy, personal history, and labor summary blanks? If so, is there an appreciable improvement in the quality of these records and are the doctors obtaining any real help and information from them? The answers to the questions will give a clue to the general type of maternity service conducted. They will be indices of the attitude of the doctors doing obstetrics, the alertness of the nursing staff, and the capability of the students to profit by their instruction. And, equally important, in these answers will be reflected the type of service given to the patient.

The careful correlation of facts set down in the personal and pregnancy record will be invaluable to the nurse as well as to the doctor. This correlation is requisite if the nurse wishes to aid the doctor intelligently and if she

[illegible]

[illegible] each [illegible] prognosis of [illegible]

[illegible] important, [illegible] pre- [illegible] been [illegible] has [illegible] ob- [illegible] complete [illegible] the [illegible] con- [illegible] as [illegible] of [illegible] has [illegible] in- [illegible] kidneys, [illegible] spe- [illegible] of [illegible] children [illegible] his- [illegible] which [illegible] the [illegible] and [illegible] dura- [illegible] that [illegible] also. [illegible] fol- [illegible] One [illegible] Di- [illegible] presentation [illegible] soon [illegible] supervisor [illegible] knowl- [illegible] fetal [illegible] fair [illegible] she [illegible]

[illegible] is [illegible] she [illegible] must [illegible] too [illegible]

[illegible] often goes back to teach- [illegible] the class work in obstet- [illegible] presented before or after the [illegible] had her practical experience. [illegible] of the former we have an [illegible] evil which is bad enough, [illegible] of the latter we have a [illegible] which precludes the pos- [illegible] of nurses doing professional [illegible] these lines. Often ob- [illegible] nursing is taught by one who [illegible] prepared to teach her subject, [illegible] course resolves itself into a [illegible] questions and answers which [illegible] the purpose of passing a [illegible] examination but which [illegible] to assist the nurse in doing [illegible] scientific nursing.

[illegible] nurse should become familiar [illegible] normal pelvic measurements. [illegible] pelvic measuration belongs [illegible] exclusively to the doctor, the [illegible] use this information. Doc- [illegible] medications, but we [illegible] materia medica. The [illegible] surely come when nurses [illegible] more attention to pel- [illegible] measurements. Dr. De Lee has [illegible] his new text of obstetrical [illegible] of pelvic measure- [illegible] the nurse knows the normal [illegible] and a few general rules [illegible] of comparative [illegible] she will bring a differ- [illegible] to her work. Dr. De Lee [illegible] cases, among several, for [illegible]:

Dr. De Lee says:

> The nurse will readily note that in the case of Mrs. A all the dimensions are smaller than normal. Mrs. A has therefore a generally contracted pelvis or justominor pelvis . . . , and if the baby is normal in size or larger than normal she will have a difficult labor. If the baby is a very small one it may go through the canal safely.[1]

Several other cases are cited which give a clue to the type of labor which the nurse can prepare for. If the patient has a justomajor pelvis, that is, an abnormally large one, the baby may come through very quickly. The nurse knows that this will be accompanied by excessive tearing of the soft parts and she will watch this patient just as carefully as she watches the case with a justominor pelvis.

A model chart, containing a list of the requisite items to be reported as routine and a list of the special items in certain conditions, should be set up in the birthroom. The normal measurements and the approximate hours for each stage of labor should be listed, in order that the nurse may make her comparisons and deductions easily. In addition the head nurse or supervisor in the birthroom should make a case study or analysis with the students as soon as she has consulted the obstetrician. Students should be taught the importance of fetal heart

---

[1] From *Obstetrics for Nurses* by J. B. De Lee, M.D., by permission of the publishers, W. B. Saunders Co, Philadelphia.

CASE OF MRS. A

			Normal	*Mrs. A's pelvis*
[illegible]	Sp. I.	23	26	−3
[illegible]	Cr. I.	25	29	−4
[illegible]	M. T.	27	31	−4
[illegible]	D. B.	18	20	−2
[illegible]	C. D.	10½	12½	−2
[illegible]	C. V.	9	11	−2
[illegible]	Bi. Sp.	9	11	−2
[illegible]	Bi. Isch.	8	11	−3
[illegible]	S. F.	9	11½	−2½

tones and should be given rules for recording them. They should know how to interpret an increase or decrease in rate, volume, etc. Intake and output records should be kept on cases with tendencies toward eclampsia. Output should be measured for all cases. And let the nurse not forget the application of the facts to the case in hand. A primipara with a contracted pelvis in an excessively long first stage of labor will not be merely a tired, impatient woman but a case requiring special care and consideration.

Seeking the sanction of an expert upon the views expressed in this article, the writer asked Dr. J. P. Greenhill of the Chicago Lying-In Hospital for a critical comment. Dr. Greenhill shares with Dr. De Lee the opinion that the nurse has a high place in the antepartum period. He believes that the nurse should be taught the possibilities of utilizing the antepartum record. Dr. Greenhill says, in part:

> I would emphasize more the careful scrutiny of the prenatal history with special attention to the heart and lungs. During labor I would urge the nurses to have the patient urinate more frequently and to see that she has a bowel movement or enema every twenty-four hours. The nurse should see that the patient takes fluids and nourishment during labor because most patients neglect this unless forced to it.

Dr. Greenhill believes that the prenatal record or the record made by the doctor and the nurse during labor is suggestive of knowledge and skill and that it has tremendous possibilities.

In some rural communities where doctors are few, the highly trained, self-reliant nurse is doing work that in towns and cities belongs to the doctor. Mrs. Breckinridge's courageous corps of nurses is doing notable things; they are practising scientific midwifery and are being richly rewarded, not only by highest praise, but by results which have a sociological as well as a medical significance. Until very recently nurses who wished to learn the highest type of obstetrical nursing, with special reference to midwifery, were compelled to go to England or elsewhere out of the United States. Now such courses are available here. But in our own maternities, where we do not charge the nurse with such grave responsibility or important decisions, we can lay a foundation. We can give a serviceable type of education; we can use our case studies for illustration; and we can show a practical application of obstetrical knowledge to ends which cannot be recorded.

* * *

Can Maternal and Infant Mortality Be Reduced?

VALUABLE indication that fewer mothers and infants die among those reached by public health medical and nursing services is contained in certain figures just compiled for the child health demonstrations of the Commonwealth Fund.

During the four-year period covered by this special study there were 10,444 births in the four demonstration communities. In 2,518 cases, about one-fourth of the total, nurses of the health departments gave prenatal instruction and supervision in cooperation with the family physician. In the group under such supervisory care there were only eight maternal deaths in comparison with sixty in the group not served, sixty-two stillbirths in comparison with [illegible] in the group not served, and forty infant deaths under one month in comparison with 377 in the group not served.

In these four communities, [illegible] infants between one month and one year of age had either field nursing service or medical supervision in health centers, or both, while 3,425 infants did not have such care. There were [illegible] deaths in the group served, and [illegible] in the group not served. [illegible] the infants, mortality [illegible] [illegible] [illegible], [illegible], and [illegible].—*Health Officers' News Letter*, American Public Health Association, November 22, 1928.

Problems of Administration[1]

S. LILLIAN CLAYTON, R.N.

ORGANIZATION and administration go hand in hand and, therefore, the first problem [illegible] an administrator in a [illegible] of nursing is related to the type [illegible] organization of which the [illegible] is a part. Sound organization, [illegible] with efficient administration, [illegible] transforms any institution from the hazard of chance almost to [illegible] certainty of a science. The hospital [illegible] organization should be the [illegible] of thought, purpose, and [illegible] action of all its departments for the attainment of definite results. [illegible] in the administration of the [illegible] of nursing depends partly upon [illegible] scheme of sound organisation, [illegible] it must be borne in mind that [illegible] complete system of organi[illegible] may be entirely ruined by in[illegible] administration. Effective [illegible] is imperative; efficient [illegible] is essential. By admin[illegible] I mean administration of [illegible] affairs, and the one common [illegible] in all enterprises, and the [illegible], is the human element. [illegible], the proper selection and [illegible] of personnel for the school of [illegible] and for the hospital is ob[illegible] the most important require[illegible] efficiency in the man[illegible] of affairs.

[illegible] been said, "The science of [illegible] is nothing but the most [illegible] way of doing a thing, [illegible] is a matter of the [illegible] the mind is man." So that [illegible] is attained by the mind [illegible] and directing effort into [illegible]. Obviously, the mind [illegible] should be continually developing, but should be, at all times, a clear, well ordered mind, open, wholesome, inviting and receptive; a mind reflecting and radiating. Whatever there is that is great in the world has been done by the individual. All the resources that make for material progress have been the work of individual initiative, goaded on by pride and stern necessity. Therefore, in our planning and perfecting of methods, let us aim to select, to direct our organisation, the individual who is prepared for the work to be done, by possession of a suitable personality and by education and experience. Let the hospital organization, in its planning and perfecting of methods of administration, aim to encourage and make possible the further development of the individual, so that she grows with the growth of the organisation.

The leader in this organisation scheme will apply the same principle of administration to the personnel of her department, realizing that every individual needs time to grow and must have the capacity for growth, but if the growth of the individual is not fertilised with work, she will develop only into a weed of a worker. There are weeds in our personnel hindering the growth of good supervisors and workers, just as weeds choke the growth of good crops.

In order to live and grow, one has need of an horizon extending beyond her vocation. Our great profession, with its educational program for the ultimate conservation of the health of the people, provides this vision for us. There must be provision for growth in service, if narrowness is to be eliminated from our administration. The individual member of the profession reaches her highest development by studying her personal [illegible] and [illegible], and cultivating them thoroughly. [illegible] organization should be permitted to [illegible] the individual [illegible].

---

[1] [illegible] the twenty-fourth annual con[illegible] Missouri State Nurses' Asso[illegible], [illegible].

[illegible] It was Cæsar who conquered Gaul, and Hannibal who made Rome tremble. The history of [illegible] is the history of great [illegible] [illegible] Great men, not great masses, have made and destroyed nations. The genius of Foch, [illegible] Foch said:

> [illegible]

That is the highest expression of the vision, initiative, judgment, decision, self-reliance, and courage that crystallize into what we call "genius," or ability to meet wisely our various complicated organization problems.

Preparation is the foundation of success, and remember that the greatest professional achievement is "the qualification in the face of opportunity."

Emerson said, "Every great institution is the lengthened shadow of one man." It could, in some instances, be better described as the diffused influence of one man. The right influence will permeate an organization from the top down, quickening and stimulating the powers of each individual. The real leader [illegible] the vast vision of possibilities in the work and kindles in her personnel the incentive to realize them.

The thought, feeling and interest of such a leader are not confined to her relations with her immediate staff; they course down through all the ranks, for she knows that the worth and usefulness of a personnel are determined by [illegible].

Given an administrator having suitable preparation and possessing qualities of leadership, the problems that arise from lack of high aspiration for the organization, and those that [illegible] will be [illegible]. Such an administrator will possess [illegible] — a constancy of purpose which masters every obstacle. Such leadership will emphasize the fact that idealism in administration is the important thing when backed by [illegible], by a [illegible] and definitely conceived purpose, and by a practical scheme for its application to daily problems.

The success of our schools depends upon a few basic principles: first, [illegible] organization of the hospital and the school; second, [illegible] administration; third, [illegible] proficiency of the personnel; fourth, a [illegible].

[illegible]

[illegible] and the development of [illegible].

[illegible] is so much discussion today [illegible] lack of time in which to [illegible] personal and professional [illegible]. Especially is this true in [illegible] administration where the [illegible] the organization have a [illegible] obligation,—to business, to [illegible] and to their function as [illegible] to students. Many prob- [illegible] be averted and much op- [illegible] provided for study, thought, [illegible] if some of the world's [illegible] principles were brought into [illegible] administrative program.

[illegible] of time and the proper [illegible] should be impressed upon all, [illegible] standards of service should [illegible] the working time [illegible]. Supervisors must [illegible] persons upon matters [illegible]. The ability to [illegible] and proper decisions is [illegible] and tests of an executive's [illegible]

[illegible] mind lacks force; the [illegible] gives strength. [illegible] of time are fixed, but [illegible] of utilizing these are [illegible] continued improvement. [illegible] to appre- [illegible] to meet the demands of [illegible] adjust his relations, to [illegible] harmony and good [illegible] the same time to keep [illegible] well balanced and impreg- [illegible] the spirit of human kind- [illegible]

[illegible] in our list of prob- [illegible] are those [illegible] problems. To [illegible], one should [illegible] knowledge of [illegible] to understand the [illegible] of patience, [illegible] of life as it is. In [illegible] again bring in [illegible] principles.

The selection of personnel, and the daily contacts with them, requires a balanced mind and a sympathetic tendency to see the world through the other person's eye. To meet every one upon a common ground, one must first give up prejudices. The care of the patient and the growth of the profession must be the governing principles in the relationship between the various members of the organization, and thus will be eliminated many problems of administration. Then, too, these personality problems would be less numerous, if all persons on the staff were the best that could be obtained and if they were acceptable personally, educationally, and professionally, to other staff members.

Good people attract good people. High standards of service attract those capable of performing it. One important principle to remember, is to avoid employing anyone by reason of relationship or friendship.

Members of a professional group require that the attitude of the administration be such as to ensure a fundamental basis of relationship between the members, including fairness and justice. Many problems arise because there has not been recognition by the executive of the merit, ability, or personal qualities, of a coworker. To instill and cultivate in each staff member a sense of conscientious individual responsibility, is to contribute greatly to the soundness and effectiveness of one's administration.

If our schools are to grow, and if we are not to be hampered in our development, the aim must be that every individual on the staff be actuated by a spirit of pride in the organization, and put forth intelligent, painstaking, persistent, conscientious effort—then an ideal system of administration will have been attained.

Genuine coöperation is cordial,

energetic, individual participation in the purpose and performance of the work, and the achievement of its object. Legitimate issues should be met and decided. Problems are averted if the executive has vision to conceive, decision to determine, courage to execute. Courage is that firmness of spirit that enables one to press on against recognized odds, with firm adherence to the course of action determined upon.

Another problem met with every day is depression—discouragement over one's work or lack of accomplishment. There is an old legend which tells us that Satan was given the right to choose one influence for his own purpose, and he chose depression. This is the blighting power that crushes one's spirit—breaks the will. Such discouragement needs a wise leader who is self-reliant and who can have the patience to help the disheartened one make a thorough analysis of the situation. This builds up confidence, and growth in service will be the result for the discouraged worker. Centralization of authority is necessary in good administration, in order that time and energy be conserved, but decentralization should follow, in order that every member of the staff may have an opportunity for creative work. Accept ideas from the result of decentralization; ascertain their worth and practicability; give them due recognition; welcome all ideas. Mark Twain said: "The man with a new idea is a crank—until he has succeeded."

The fine art of an executive is to find persons in the organization who can do things better than she, and to be able to make everyone feel herself worthwhile.

Today we hear much concerning the lack of discipline in life. Discipline is as necessary in our organization, if problems are to be averted, as a rudder is to a ship, and consistent discipline is more imperatively required of an executive than of any subordinate. The best ability is reliability, and the faithful person outlasts the brilliant one, but this desirable quality springs from a disciplined nature. Morale is essential to efficiency. Problems frequently arise from wrong attitudes—misunderstood personality. Getting on well with people is a part of man's life, and nowhere as much as in hospital life is it so necessary to be courteous, to treat all with due respect. Most of our troubles in this respect are caused by acting upon feeling, not upon clear thinking.

Summing up the points mentioned, we may conclude that administrative problems come about through failure to consider properly the following problems:

Organization and administrative difficulties
Unity of purpose
Selection of properly prepared personnel
Provision for growth in service
Proper leadership
Dissemination of ideas
Recognition of accomplishments
Need for idealism
Practical problems involving hours, budget, environment and the many personal problems

Someone has said that the administration will have fewest problems that has, as its leader, one who thinks clearly and has the vision to perceive, the self-sacrifice and purpose necessary to do the one thing well; the pride that impels her to set a high standard and maintain it; the patience to deal with frailties that beset human nature; the pluck that presses on against all odds; the enthusiasm that keeps one above the stagnant levels of life; and the goodwill and generous fellowship that rejoices in the growth, development, and prosperity of her fellowmen.

Inhalations

[illegible] Contributed by MARGARET ELIOT, R.N., HANNAH [illegible] OGDEN, R.N., and D. DEAN URCH, R.N.

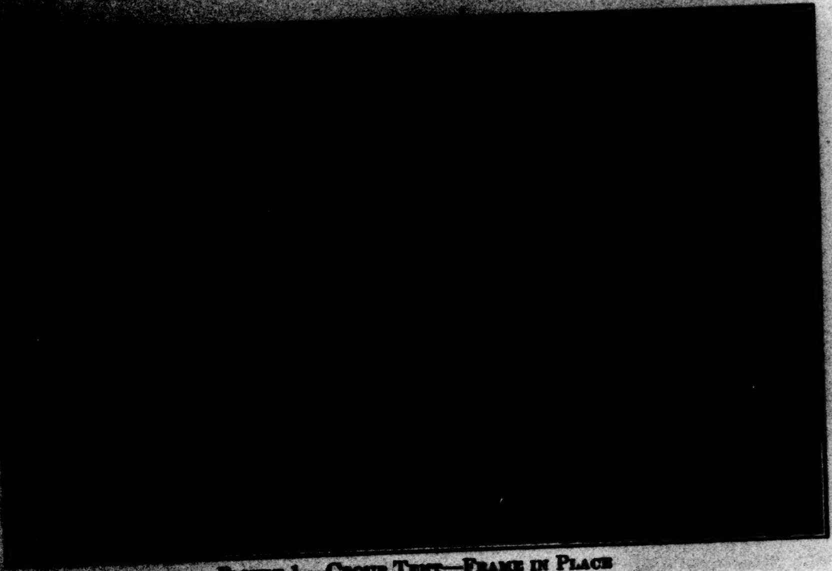


FIGURE 1.—CROUP TENT—FRAME IN PLACE

ONE of the qualifications of the good nurse, not often asked for but frequently present, is the ability to invent new equipment on [illegible]. The vaporisers shown here [illegible] of that quality.

Now that Gatch beds have come [illegible] general use, some of us [illegible] unprofitable hours in [illegible] to build a croup tent in [illegible] way with two screens, a [illegible] sheets, and many pins [illegible] find after it was finished [illegible] the head of the bed was [illegible] the Gatch mechanism, the [illegible] brought outside of and in [illegible] the croup tent and entirely [illegible] of the steam.

[illegible] of that problem, and a [illegible] is equally useful on an [illegible], is that shown in Figure [illegible] 2. It was worked out by Margaret Eliot at the Presbyterian Hospital, New York City, and though it was finally built for the hospital from her design by a surgical supply house, it is simple enough in construction to be made at home if you have succeeded in establishing rapport with the engineering staff of the hospital.

The frame of the croup tent is of light metal. The top is adjustable, and may be raised or lowered by changing the position of the diagonal bar. The whole is secured to the head of the bed by large clamps which are lined and padded with felt to keep them from injuring the enamel of the bed. When it is in place, no matter how much the head of the bed is raised, the patient remains *within* the tent.

There are two covers for the croup

[illegible]

tent. The inner one is made of old wool blanket material which, because of its hygroscopic properties, absorbs the moisture and prevents it from condensing, as it would on cotton, and dropping down on the patient. The outer cover is made of [illegible]. Both are constructed like zip covers for furniture and are used only for the croup tent.

The croup kettle was also specially designed, its chief virtue being its height, which obviates the necessity for raising it up with books or a box, and the length of the long spout which directs the steam toward the top of the tent and prevents the hot steam from coming in contact with the patient. The kettle [illegible] is [illegible] and holds two quarts of water. It will run about three hours without boiling dry or being refilled.

The idea for the vaporizer shown in Figure 3 and Figure 4 was worked out by [illegible] at the Philadelphia General Hospital. It has several advantages over some of the other vaporizers.

The patient, instead of sitting up and holding it, or having the nurse hold it for him, or stretching uncomfortably to reach it as it rests on the table beside him, can lie comfortably on his pillow because the funnel is long enough to reach him. The discomfort of having the warm, moist vapor close to the patient's body is also avoided. The metal piece is detachable and may be sterilized by boiling, and the opening is wide enough to cover both mouth and nose.

This vaporizer is easily made. [illegible]

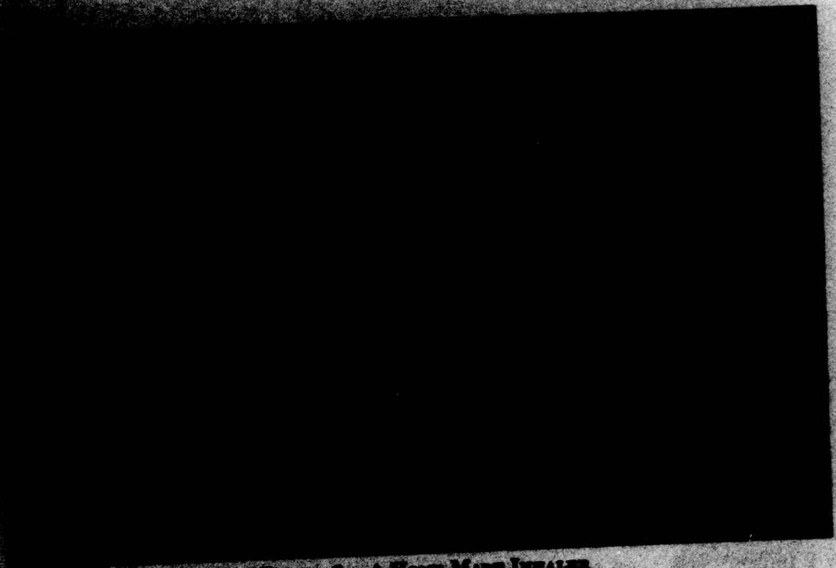
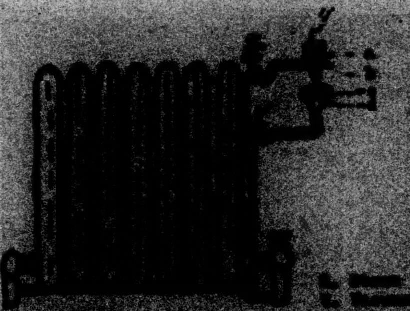


FIGURE 3.—A HOME-MADE INHALER

[illegible] departments. It was con[illegible] by W. J. Rogers, Chief [illegible] Highland Hospital, Oak-[illegible]

The steam for the vaporizer is taken from the heating system at the radiator, *below the radiator valve.* The radiator does not have to be turned

FIGURE 4



F[illegible] [illegible] of a Steam Radiator To Be Used as a Vaporizer[1]

on in order to use the vaporizer. The vacuum line for the removal of water of condensation is connected to the main vacuum line at the radiator below the radiator return line valve.

The extra equipment needed consists of (a) one small oil cup (½ inches x 2 inches), (b) a cup to serve as saucer to hold medication and supported within the (c) funnel; (d) wire gauze fitted within the funnel; and additional plumbing fixtures such as two ½-inch valves, two ½- to ½-inch T, and about 6 feet of ½-inch pipe.

The engineer who invented this vaporizer assures us that there is no danger of scalding the patient. The *Journal* also had the device checked by a heating engineer. It is necessary, of course, that the steam plant be running, as it is usually in many hospitals all the year for sterilizers and the like.

The advantages of the apparatus are that there is no danger of scalding the patient as there is with the ordinary equipment in which boiling water is used; the amount of steam can easily be regulated as desired; there is no time lost at the beginning of the process as the steam can be turned on immediately; neither apparatus nor procedure is at all intricate.

Dried Milk as Dressing for Intestinal Fistula

In a case of intestinal fistula developing after partial resection of the stomach for carcinoma, [illegible] whole dried milk [illegible] the [illegible] of the [illegible]; [illegible] the dried milk. [illegible] That night the patient had his first full night's sleep, and the wound [illegible] was greatly improved [illegible] the condition [illegible] its [illegible]. The dressing consists of a layer of dried milk, about [illegible] cm. in thickness, several layers of gauze, another layer of milk and, finally, the usual abdominal pad; it is renewed every hour or six hours."—Summary in the *Journal of the American Medical Association* of August 3, 1929, of an article entitled "Dried Milk as Dressing for Intestinal Fistula," by O. E. Rose of San Diego, California, and in *Western Medicine* for June, 1929.

Activities of the Commonwealth Fund

With the opening of two new hospitals and the continued work of [illegible] [illegible]

[illegible] 25, 1930.

---

[1] A patent has been applied for.

Federal Legislation and the American Nurses' Association

CLARA D. NOYES, R.N.

FROM time to time letters reach the boards of directors of the state associations of nurses from National Headquarters of the American Nurses' Association, asking them to approach their representatives in the Senate and House of Representatives, and urge their support of special pieces of legislation. In all probability the boards of directors are a bit puzzled by the request and wonder how it all comes about. The nurses of the country are quite familiar with state legislative bodies for have they not, since early 1900, been making pilgrimages to the state capitols in the interest of nurse practice acts, either to secure a law or an amendment to a law, or to prevent the adoption of an amendment offered by someone more concerned with some special interest than with maintaining standards?

Each state association has its legislative committee, created mainly for the purpose of watching legislation that would be injurious to the laws already in operation, or to work for amendments that would improve them. As the states have seen the need for such committees, so the national society—the American Nurses' Association—has seen the need of a similar committee to watch federal legislation.

In [illegible], however, nurse practice acts are not involved, but there are [illegible] measures affecting the health and welfare of women and children [illegible] nurses as a group, or [illegible] as a profession, that are [illegible] being presented to Congress. It is very important in some [illegible] to see that changes are made [illegible] improve them; in others, the assistance of the nurses of the country is required to help bring a measure to a successful conclusion. A good illustration of the former is a bill, recently introduced, asking that all women, such as stenographers and welfare workers, associated with the American Expeditionary Forces be given the same privileges of hospitalization by the Veterans' Bureau as those who were actually inducted into the military service. Red Cross nurses who were working in such places as the Service de Santé are apparently not included.

Illustrations of the second type referred to above were the measures seeking to create an Army Nurse Corps and to secure rank for nurses. It was the nurses of the country who sponsored these latter measures and who finally after a long, hard pull secured their enactment. In the former case, Red Cross nurses should by all means be included and steps should be taken to see that they are.

There are, however, many other types of legislation, in which nurses have an interest, that need to be watched; consequently a small committee of five nurses, all residing in Washington, has been appointed by the American Nurses' Association for this purpose.

The Women's Joint Congressional Committee

THE American Nurses' Association also has its representative on the Women's Joint Congressional Committee, and, in order to make as close a connection as possible, the Chairman of the American Nurses' Association Committee on Federal Legislation serve in this capacity, with an alternate from the same organization. The Committee on Federal Legislation acts in an advisory capacity to the representative on the Women's Joint Congressional Committee. Before discussing the measures, however, it is necessary to explain the Women's Joint Congressional Committee, what it is and how it functions. These questions can best be answered by quoting from a pamphlet which was recently issued by the committee.

[illegible] Women's Joint Congressional Committee [illegible] while Congress is in session.

Fourteen national societies are included in the membership of the Women's Joint Congressional Committee, among which we find the American Nurses' Association, American Federation of Teachers, American Association of University Women, National Congress of Parents and Teachers, National Consumers' League, the National League of Women Voters, etc., and many other equally important organizations.

Among the measures pending endorsed by constituent organizations of the Women's Joint Congressional Committee are: entrance of the United States into the World Court; the continued support and extension of the Maternity and Infancy Act; amendments to the Cabel Independent Citizenship Act to correct obvious defects; creation by Congress of a Federal Department of Education, etc.

All these measures, with the exception of the amendments to the Cabel Act, are being supported by the American Nurses' Association. It is interesting to note that five important acts of Congress have already been passed, due largely to the efforts of the organizations represented in the Women's Joint Congressional Committee. For example, provision for a Women's Bureau in the Department of Labor; the Sheppard-Towner Act; the Cabel Act; a compulsory Education Act for the District of Columbia; and provision for a federal institution for women prisoners.

Special Measures Supported by the American Nurses' Association

WHILE the American Nurses' Association is supporting the important federal measures listed above, ones with international aspects such as the World Court, the organization is also supporting some special measures which affect nurses and nursing, which are not supported by a committee of the Women's Joint Congressional Committee. For [illegible] Army Nurse Corps, U. S. [illegible]

[illegible]

[illegible] subprofessional grade, is also [illegible] watched.

[illegible] American Nurses' Association [illegible] essential objects:

> [illegible] the professional and educational [illegible] of nurses in every proper way; [illegible] the standard of nursing education; [illegible] relief to such nurses as may [illegible] ill, disabled or destitute; to disseminate [illegible] on the subject of nursing by [illegible] in official periodicals or otherwise; [illegible] communication with each other [illegible] and associations and federations [illegible] throughout the United States of [illegible]

[illegible] it is not an organization [illegible] concerned with measures of a [illegible] political nature. Therefore, it [illegible] adopted a policy that only [illegible] that affect nurses and [illegible] or the health and welfare of [illegible] children should be supported.

[illegible] of the United States [illegible] World Court and the Educa[illegible] do not, strictly speaking, fall [illegible] type of legislation. When [illegible] of the American Nurses' [illegible] to these measures was [illegible] felt that, inasmuch as [illegible] nursing were so closely [illegible] with questions of prelimi[illegible], it could consistently [illegible] measures that had for its [illegible] the betterment of [illegible] educational facilities [illegible] the country. Although [illegible] were not primarily [illegible] of the United [illegible] World Court, and [illegible] health and welfare of [illegible] this country directly [illegible], as one of the [illegible] World Court is to work [illegible] of disputes by [illegible] by resort to [illegible] health and welfare [illegible] were after [illegible]

[illegible] the Women's Joint Congressional Committee, and the participation by the American Nurses' Association in its privileges.

How You Can Help

WHEN a measure, such as the Jones Bill which is the successor to the Sheppard-Towner Act, becomes active, *i.e.*, when it is "in committee" and is being pushed by its supporters, a legislative committee of the Women's Joint Congressional Committee may be the group doing this pushing. Each organization represented also becomes active and its members are urged to exert as much pressure as possible upon senators and representatives, or members of the Committee. For example: If Senator Blank of Pennsylvania is chairman of a committee to which a measure supported by the American Nurses' Association has been referred, then the State Association of Pennsylvania is asked to get as many letters from constituents as possible to Senator Blank, urging his support. This is of paramount importance. While our representatives "who sit upon the Hill" are no doubt bored by letters of this type, nevertheless their absence is always noted. Apropos of this, I recall a hearing of a committee of the House on a Bill, at which time one member of the committee said:

> I cannot believe that the people of my state are particularly interested in this measure, for I have not received a single letter from any individual in my state asking me to support it.

This statement showed the importance of the letter from a constituent. 'For that reason, if for no other, every effort has been made to keep the state associations informed on the status as well as the purpose of various measures, and to have them in turn write to their senators or others concerned, particularly to those who may be "lukewarm" or who are actively opposed. All these communications are prepared and mailed from National Headquarters at 370 Seventh Avenue, New York City. This is important for, although they originate with the Committee in Washington, or emanate from the representative on the Women's Joint Congressional Committee, confusion is saved by using one mailing address, and at the same time the officers of the American Nurses' Association as well as the Director and her staff at headquarters are kept informed. The Committee in Washington, composed of busy women with "jobs of their own," is not able to carry the details incident to the preparation and mailing of correspondence. As a matter of fact, the Committee meets rather infrequently. The representative of the Women's Joint Congressional Committee, having cleared with the Committee on the measure affected, attends all the meetings of the Women's Joint Congressional Committee as well as of all the Legislative Committees, of which she is a member, and prepares all the drafts of material issued by the American Nurses' Association.

It is very important that our state associations act promptly upon the matters contained in the letters of instruction. The importance of pressure from "back home" having been stressed, it may well follow that, unless everyone works, an important legislative measure, such as the Maternity and Infancy Bill, might be lost. We are glad to say that many do. A copy of a recent letter from the President of the State Association of Tennessee, relaying to the districts the information and request for support from National Headquarters of the American Nurses' Association in a most effective manner was recently seen. There have also been many others which indicate that nurses are taking their responsibilities as citizens, as well as nurses, very seriously.

It is not the purpose of this article to discuss the individual merits of the various measures which are being supported by the American Nurses' Association and for which assistance has been solicited. Copies of bills, however, can always be obtained by writing to Congress for them; furthermore, informatory material thereon has already been forwarded to the state associations. All we are attempting to do is to explain the machinery utilized by the American Nurses' Association to keep its members informed of specific types of legislation, and what steps are necessary to secure their assistance when the time seems ripe for doing so.

Many perhaps hesitate to write to the "gods who occupy the seats upon Olympus" fearing that they may not be able to express themselves in suitable language. For this reason suggestive letters have been provided. It is better for obvious reasons, however, not to send form letters. A short communication expressing interest, and urging cooperation is really all that is required. The language in which it is couched is not particularly important, as all requests from constituents seem to be noticed. Strange as it may seem, a letter from one nurse constituent, a member of a faraway District Association hitherto unknown, seems to carry more weight than a letter from the President of the national association. There are times, however, when a letter from the President is essential; for example, at a hearing a letter from the President may be presented, setting forth the reasons why the organization is supporting specific phases of legislation, but the value even of this is doubtful [illegible] is not "backed up" by communications from constituents to the individual members of the Senate and House or the special committee to which the measure has been referred. The "constituent" is a most important person. We venture to say that no request, however small or unimportant, goes unnoticed or unanswered. The American Nurses' Association with its alumnae, district and state societies is particularly well adapted to legislative work. It has been a matter of real pride when telegrams have reached the Capitol from members in these branches within a few days, sometimes hours, after the first letter asking that they be sent has been received.

The longer one works with our national society—the American Nurses' Association—the more one is convinced of the soundness of the organization and the wisdom of those early leaders, who seem to have "builded better than they knew."

Rembrandt[1]

The First of the Moderns

BROOKE PETERS CHURCH

ONE is sometimes tempted to believe that the earth together with its inhabitants must form one organic entity, and like a human body may be affected in the most widely removed parts by the same stimuli, with no apparent connecting cause. Worn threadbare by the time of the Seventeenth Century, the mantle of Italian art fell, not on her neighbors France or Spain, but on far-removed Holland, who, with no visible period of apprenticeship, assumed it and carried on from where the Italians left off. Of course there were reasons for this phenomenal transference, even though at first sight they do not appear. Italy seemed to exhaust herself in her great burst of artistic fruition. In two hundred years she produced a large proportion of the world's masterpieces of painting, attaining higher and higher levels of achievement, until she reached the culmination in Titian, Leonardo and Michael Angelo. Farther than this she she did not have the strength to go, and the followers of these men were but second rate imitators, who hid the poverty of their creative ability with cheap sentimentality or technical facility. And it was easy for them to hoodwink and charm the new and undiscriminating public that had arisen, for Italy had by now ceased even to be deeply interested, and was content to rest on the laurels of her past glories. The petty internecine wars of the Sixteenth Century had sapped her strength, and recurrent invasions by neighboring kings had destroyed even a semblance of unity. She was too much concerned with self-preservation to cultivate artistic appreciation, and for the most part too poverty-stricken to patronise great artists. The church, which had made such a brave showing in Michael Angelo's day, had now become involved in the Counter Reformation and was too busy setting her house in order to pay attention to its descending, and some of the popes of the period stand out as great [illegible]. This same Counter-Reformation had roused the Catholic church to a state of religious hysteria, and turned religion into emotional channels; and in Carlo Dolci or Sassoferrato, with their lackadaisical Virgins and sentimental appeal, the religious world saw its repentance mirrored and was content. Spain, where art might have been expected to flourish, had Velasquez, it is true, and numerous minor painters, such as Murillo. But Velasquez seems to have been a "sport," one of those geniuses who spring up with no apparent reason at any time or place; and Murillo was frankly in the decadent Italian style. For the eyes of Spain were turned westward to new lands, and every nerve and muscle was strained toward exploiting the Americas and getting rich. No age of mere money-grabbing produces art. There was, moreover, an added drain on Spain's vitality—the Inquisition—which made self-expression, an essential quality of every real artist, a sure means of self-annihilation. By various accidents of succession Spain had become possessed of the northern lowlands, Belgium and Holland. Satisfied with religious conformity in Spain and eager to show himself a champion of the church, Charles V and later his son Philip II directed their attention to their outlying possessions. In the north Protestantism had made deep inroads on the Catholic ranks, and a [illegible] [illegible] and marked and growing Protestant spirit, together with an impatience of foreign domination, were evident throughout the Netherlands. For years the Spaniards attempted to overcome and defeat the spirit of free thought and independence in the north, and called into service the most hideous tortures the Inquisition could devise. They only succeeded in arousing an ever fiercer determination to shake loose from Spain, and a feeling of common cause among the tiny states they persecuted. Eventually the northernmost group of these broke free and united themselves into a Dutch Republic.

---

[1] [illegible] article in Mrs. Church's series [illegible]."

[illegible]

The effects on a nation of a long and terrible struggle for a moral principle against overwhelming odds cannot be over-estimated. The Dutch emerged a nation tried by fire. Conscious of their rectitude and united into a cohesive mass by their singleness of purpose, they set about nation-building with the same independent and clear-sighted balance which had brought them so far; for freedom having been gained, they asked for nothing but peace and comfort. There were no great social cleavages, no great economic gaps in this little republic which was made up of substantial middle-class burghers. Much of the fighting of the war with Spain had been on the sea, and when the smoke cleared away the Dutch found themselves possessed of a fleet, and for the moment virtually masters of the sea, able to gather in the commerce of the world, while England and Spain either fought each other or travelled westward. A period of tremendous prosperity ensued. The Dutch East India Company founded colonies in the east, and its ships were the carriers of all the oriental luxuries which had come to be so essential to the western world. And at this [illegible] of the tension of the past struggle, and with the [illegible] wealth and leisure, there sprang into the [illegible] [illegible] [illegible] comfort.

"There can be [illegible] [illegible]. Any [illegible] [illegible] of [illegible] [illegible] [illegible] in [illegible] and [illegible] [illegible] [illegible] schools, left no [illegible] [illegible] [illegible]

[illegible]tions. There was no prepa[illegible] no presentiment of the great [illegible] flowering that followed the [illegible] the Netherlands. Out of the [illegible] the patriots of Holland there [illegible] a new race of paint[illegible] imbued from birth with a [illegible] their hardly-won little land [illegible] to express this love in end[illegible] of their prised posses[illegible] In a Calvinistic country, where [illegible] were bare of images and pic[illegible] a northern country, where [illegible] spaces were scarce, owing to [illegible] many windows to let in the [illegible]—fresco painting and im[illegible] canvases of religious subjects, [illegible] the Italians loved, were not [illegible] place, but impossible. A [illegible] of art was necessary. And [illegible] found it; they painted por[illegible] of their beloved Hol[illegible] every aspect, of her country[illegible] life, her homes, her people, [illegible] utensils. They imagined [illegible] and left nothing to the imag[illegible] painted the world about [illegible] saw it, with all its homely [illegible] with loving care. [illegible] the pictures were small, inti[illegible] sections of every-day life, [illegible] not for rich patrons, [illegible] comfortable burghers, who [illegible] with the meticulous [illegible] of what was familiar [illegible] In the seventy years more [illegible] this artistic activity, over a [illegible] painters flour[illegible] newly created little re[illegible] art was only one expres[illegible] progressiveness at this [illegible] had a new country to [illegible] with the industry and [illegible] they worked at [illegible] they founded univer[illegible] public [illegible] collected art [illegible] from every [illegible] even to the extent of bringing in wild animals to form menageries; they organised charities and corporations, and formed guilds for the protection of the trades. They were as scrupulously honest as they were scrupulously clean, and as matter-of-fact as they were balanced in judgment. The new cities that rose on the ruins of the old were not beautiful except for their suitableness. They were meant to live in peacefully, and were light and airy, with monotonous rows of identical houses, bare churches, dignified but plain public buildings and active and important commercial or docking sections, where sober-suited men transacted world-wide business.

The Youth of Holland's Most Famous Son

THE most beautiful city in Holland was Leyden, where the intellectual center of the country, and in some degree of the world, might be placed in the great university. Above the great dykes which protected it from the sea moved the sails of passing ships, which seemed to float above the house tops; rich pasture lands spread inland, and everywhere the busy waving arms of windmills showed against the skyline. Near one of these, there was born in about 1606 the most famous citizen Holland ever had—Rembrandt. His father was Harmen Gerritsz, a well-to-do miller of the middle class, but rising in the world. The son was accordingly Rembrandt Harmensz, but he later took the name by which he is known today, van Ryn (of the Rhine). His mother was one of the great influences in Rembrandt's life. He painted many portraits of her, and had always a special fondness and aptitude for painting old women, especially old women reading the Bible, or pondering what they have just read. She was a simple, quiet, and affectionate woman, deeply spiritual and devoted to the Bible and its teachings. Rembrandt never tired of illustrating Bible stories and himself became increasingly interested in their rare dramatic quality. The influence of his early years made itself felt in other ways as well. There was opportunity for wide intellectual contacts in Leyden, for the University drew to it thinkers from every land, and the kindly tolerance of Holland kept them there. Rembrandt was prepared for the University, but showed so marked a distaste for intellectual pursuits that his father finally agreed to let him study art instead. But there is no doubt that some of the culture in which he lived affected him, for his work displays an intellectual quality and a depth of vision which presuppose a cultural background. For three years he studied in Leyden and then went to Amsterdam, where he worked for six months. Amsterdam was the greatest commercial city of the world at the time. Here the great East Indiamen docked, and the mysterious lascars unloaded strange cargoes on the swarming docks. There were bales of silk, great cases of sweet-smelling spices and perfumes, idols grotesquely carved for curious faiths, teakwood and ivory. The whole world seemed to spread its choicest wares on the docks of Amsterdam, where boys could ramble about and drink in the flavor of distant lands and dream of the exotic East. Some of the most impressionable months of Rembrandt's life were spent in this atmosphere and, though he never traveled, his years of observation provided a storehouse on which he drew for the imaginary world he so often put into his pictures.

These three and a half years seem to have been the only artistic training he ever had, for in 1627 he came back to his family in Leyden and thenceforth was his own master. But the schooling which he gave himself was severe and never stopped to the end of his life. His family were pressed into service as models, even his friends, and we meet them again and again on the canvases of this period, sometimes in their own quiet clothes, but more often in ornate costumes made up of the properties which he was beginning to accumulate. He seems to have been of a singularly lovable and open nature, and yet he was by preference a hermit. Generous to a fault in material respects, he was avaricious of the time and the privacy essential to his work, which was absorbing him more and more.

The Dutch were not slow to recognize talent, and before long Rembrandt began to receive important commissions for portraits. Many of these came from Amsterdam, and in 1631 Rembrandt finally left home and settled there permanently. This was the extent of his travels—Leyden and Amsterdam and their environs. But into his pictures Rembrandt painted a world created from the flotsam and jetsam of what he heard and saw about him. Holland was a rather drab country for the most part. Her citizens were richly but soberly clad, her women buxom and rosy or stout and matronly. About her there was none of the gaiety and [illegible] enjoyment of Italy. To be sure there were occasional drinking parties, as the peasants might grow too noisy or go to extremes as a [illegible]. But of the subtle pleasures of France and Italy, the sights and sounds and [illegible] prepared to appeal to the senses, they knew nothing. Life to them was comfortable but sedate, and yet Rembrandt has put into it a quality of romance that no other painter ever [illegible], the basic romance of living [illegible] two eternities, of which most of the world is unconscious.

Rembrandt's Happiest Years

IT was in Amsterdam that he met and married Saskia. For the [illegible] side was strongly developed in Rembrandt. Leonardo lived and [illegible] in utter loneliness; Michael Angelo [illegible] with fury all the bonds of [illegible] life; but to Rembrandt such [illegible] essential, and it was inevitable [illegible], shortly after leaving the [illegible] of his boyhood, he should set [illegible] home of his own. Now he entered upon the happiest years of his [illegible]. There was plenty of money, for [illegible] had a modest fortune and [illegible], at this time the popular [illegible] of Holland, was crowded with [illegible]. The amount of his work was [illegible] prodigious, for besides the [illegible] and groups which he produced for the burghers and guilds, he [illegible] numberless studies apparently [illegible] own pleasure and in answer to [illegible] driving force, and in addition [illegible] and drew, sometimes [illegible] to jot down an idea or [illegible], sometimes in his finished [illegible], which has no equal. He made [illegible] of Saskia and of himself, [illegible] us an intimate side of [illegible] happy life. Rembrandt [illegible] of the pictures an attractive [illegible], with an open friendly [illegible], merry eyes, and the air and [illegible] a courtier. Money poured in [illegible] pair, and as rapidly [illegible] again. The artist had a [illegible] curios and beautiful [illegible] and his house was crowded [illegible], statuary, armor, oriental [illegible] hangings, until [illegible] scarcely room left for the [illegible] housewife's linens and [illegible] Saskia was decked in furs [illegible] and jewels, which look somewhat out of place in setting off her pleasant but round and placid face. He bought a large house, for which he paid half down; the other half was never paid, nor was the interest, nor even the taxes, for though there were many large sums in his hands, he always spent them on something else. He worked unceasingly, painting or sketching everything that came to hand. Models were hard to procure in Holland, especially models for the nude. The people were too straight-laced and self-respecting to lend themselves for such unseemly purposes. To have one's portrait painted in dignified pose and garb was one thing, to sit in fancy dress or in no dress at all for a painter's fancy, was another. And yet to increase his knowledge and perfect his art Rembrandt required models who would comply with every demand, appear in any array. He used Saskia as often as he could, but for the sake of his art he often went farther afield, and many of his pictures show us figures of an almost offensive ugliness, painted still with the care and loving detail which he gave to every subject he undertook. During this period Rembrandt's genius began to assert itself and appear as different from that of his fellow artists, and it was the culmination of his financial and artistic indifference to the world that finally ruined him. In his early years he was not so unlike his contemporaries as to cause comment, except for the excellence of his work. He painted prosperous, open-faced burghers and their kindly, corpulent wives, or groups of responsible business men at work. Here and there as the fancy struck him he would illustrate a Bible story, choosing chiefly those from the Old Testament or the Apocrypha and, though there were men who appreciated and bought and even ordered more of these pictures,

[illegible]

[illegible]

The Tragedy of the Artist's Later Years

T[illegible]

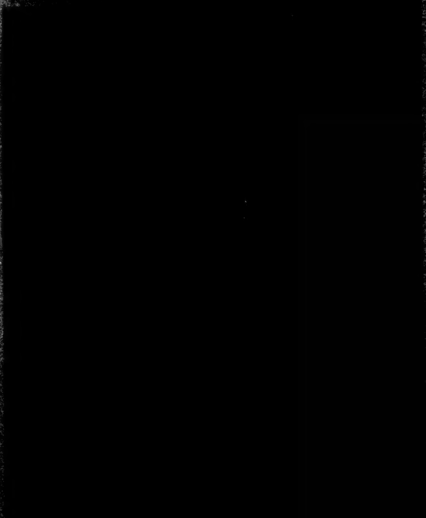
[illegible]

[illegible] eyes, the same kindly smile [illegible] about his expression, show us [illegible] essentially the artist had not [illegible]. He was still searching for [illegible] inward truth of the land- [illegible] the face or the picture he was [illegible]. In the Metropolitan Mu- [illegible] Art in New York there hangs [illegible] of an old woman cutting [illegible]. It is a homely scene, an [illegible] mundane occupation. But [illegible] from the picture a glow [illegible] than mere light. In that [illegible] performed by a time-worn [illegible], one feels the appeal of [illegible] of the spirit hampered [illegible] it is soon to leave, and [illegible] preoccupation with other [illegible] to attend to the body's [illegible]. All of old age, in its [illegible], its lovely [illegible] future and its [illegible], born of patient ex- [illegible] before us in the golden [illegible] master's great picture. [illegible] says none of this, but leaves [illegible] to find. He was the first of [illegible], one might even say [illegible] modern patter) the first [illegible], trying to com- [illegible] ideas by expressing [illegible] as he saw it. He saw [illegible] in every-day facts, and [illegible] saw and felt them and so [illegible] them into his pictures, [illegible] by a matter- [illegible] and forgotten and [illegible] in his lifetime. His [illegible], the Syndics, [illegible] with the ease and [illegible] all that he had [illegible] of study, was [illegible] without arousing [illegible] he had gone too far [illegible] follow him, and from [illegible] and deeper and deeper [illegible]. At the last he was left quite alone, for both Hendrickje and Titus died, and Rembrandt dragged out the last two years of his life in abject poverty. The only mention of his death is in the parish register of his district of the year 1669. By the irony of fortune he is today the one painter who appeals to every one—whether modernistic, classic or romantic. All can find in his gigantic remains something which they understand. Dutch to the core, provincial in his experience, ignorant of the humanities, self-taught, he yet has passed beyond the limits of time and place, and by his genius created a new world where all may meet and, in understanding him, understand life and so each other.

It is hard to find interesting books on Rembrandt or on his period, for it is a period of very little outward color, though it can be illuminated by the imagination until it has a rare glow of romance. For the general history of the art of the time, Faure's *History of Art*, Vol. IV, W. Bode's *Great Masters of Dutch and Flemish Painting*, and Fromentin's *The Old Masters of Belgium and Holland* are both helpful and interesting. There is a short life of Rembrandt by Baldwin Brown, and a long one by Michel. But the way to study Rembrandt is from the actual pictures he painted, and fortunately these are so numerous and so widely distributed that America contains several, scattered from coast to coast in the art galleries of the large cities. The best way to study them is to look at them again and again, with special attention to the eyes and mouths of the portraits. No one will need to show you what to look for. Inevitably you will come to feel the power and force of the painter who created these people.

A Time-Saving Device for Hot Compresses

MARJORIE HAYNES, R.N.



[illegible] for Pans and Washbasins [illegible] Nurses

THE equipment described here provides a quick, simple, and efficient method of applying hot stupes or compresses. It is home-made and consists of:

1. One table with metal top, length 27", width 23", height 30", equipped with casters.
2. One electric plate with cord and attachment.

The electric plate is soldered to the table to eliminate any danger of its slipping off. This also prevents the plate from being mislaid or put away in some forgotten place between treatments. The table is large enough to allow plenty of room for the rest of the equipment necessary for the procedure. Since it is fitted with casters it may easily be moved to any bed side in the ward.

Field Trips

JENNIE C. QUIMBY, R.N.

CLASSES in training at the School for Nurses of the Tennessee Coal, Iron and Railroad Company Employees' Hospital, Fairfield, Alabama, enjoy special advantages in the way of field visits which [illegible] to be of exceptional value in stimulating interest in particular subjects and in providing first-hand information concerning some of the [illegible] processes used in safeguarding health.

The hospital is situated in the Birmingham industrial district and is [illegible] of the Health Department of the Tennessee Coal, Iron and Railroad Company, which looks after the [illegible] of approximately 30,000 employees and their families. An annual survey is made by the company [illegible] the health habits of its employees, with the purpose of correcting habits not conducive to health. Besides the twenty-two grade schools operated by the company, where children are given annual physical examinations with follow-up treatment by visiting nurses for those found to be defective, children's clinics are held in [illegible] villages, under the supervision of a [illegible] pediatrician and three assistants. Clinics for the colored children are held separately from the white.

[illegible] ample facilities for transportation, student nurses at the hospital are afforded opportunities of [illegible] in the wide range of activities [illegible] interests of the Health [illegible] certain classes are [illegible] industrial plants in the [illegible] where up-to-date methods [illegible] may be observed. [illegible] will indicate the value of the information [illegible] in relation to the studies [illegible]

The Sanitation and Dietetics classes were permitted to visit a pasteurization plant, a certified milk dairy, a dairy using electrical milkers, an ice cream plant, a bakery, and food markets in daily operation.

At the pasteurization plant, a "grade A" concern under municipal regulation, the class was shown the milk in large tin cans as received from dairies of all grades. Then the process of making the milk safe for consumption was demonstrated and explained as pasteurization. The students were shown how bottles and cans were cleaned and sterilized by steam, and the entire bottling process accomplished by machinery, free from contact with hands.

The visit to the certified milk dairy occurred at the afternoon milking hour. Here it was explained how milk could become contaminated, however pure it might have been at first, and measures for preventing contamination were emphasized. The cows were in a stable especially built and equipped to carry out hygienic measures, and the employees, clean, dressed in white, were required to wash their hands frequently. The udders of the cows were washed thoroughly and, although it was winter time and the water cold, they seemed to enjoy it. The manner of bottling was similar to the method in use at the pasteurization plant. For a period of more than three years the company operating this dairy has not had a bacterial count as high as 10,000 per cc. (City Health Department records). This count is low compared with the requirements of health departments of other cities of similar size—a fact worthy of notice by nurses interested in public health. At another dairy, where cleanliness prevailed throughout as in the other [illegible] [illegible] were shown to us.

The [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] as possible.

The bakery was also [illegible] [illegible]. Here was demonstrated the method of making and handling of [illegible] [illegible] [illegible] [illegible] a clean, wholesome product. The bread is mixed, weighed, baked, and wrapped without touch of human hands.

The visit to the markets was invaluable in teaching how food should be examined before purchase, the method of buying in large quantities, and the need of discrimination in buying foods for immediate consumption or for future use.

The class in [illegible] visited the municipal water works, a [illegible] sewage disposal plant, a large creamery, a [illegible] [illegible] [illegible] [illegible] [illegible]. At the water works the class saw [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible]

Although it was a [illegible] [illegible] the class visited, it was found to be [illegible] [illegible] stables. [illegible] for the animals, and twice-daily [illegible] [illegible] all excreta [illegible] [illegible] free [illegible] [illegible] manure, [illegible] [illegible] community [illegible] control.

The visit to a [illegible] where water is used for power, and where operators spray the surface with oil, daily, showed how the mosquito pest may be controlled until it is a thing of the past.

The classes also visited iron mines, where the crude ore was seen loaded into cars, and a visit to the mills showed the ore transformed into useful materials, such as rails and bolts.

In addition to these visits, lectures are given by the [illegible] on the control of communicable diseases, and educational films are provided to show [illegible] [illegible] malaria, diphtheria, [illegible] disease, etc.

The phase of professional training considered herein results in a clearer conception of the subjects under study, and their application to hygienic living. The success of the field visits is evidenced by the eagerness with which the students look forward to them each year, and by the vivid interest manifested in the [illegible].

◆

[illegible] [illegible] for the Child in [illegible]

[illegible]

The Nurse and the Public

IV—Ways and Means in Public Information

VIRGINIA McCORMICK

[illegible] are many ways of telling [illegible] of nursing and many [illegible] through which that story [illegible] told. First and foremost, [illegible] comes the newspaper, con-[illegible] the use of which there was [illegible] in the March issue of the [illegible]. For the dissemination of [illegible] has no rival in contemporary [illegible].

[illegible] public information there is [illegible] array of printed matter [illegible] from the presses and [illegible] the mails of the country, [illegible] pamphlets, form letters, [illegible] a dizzying procession of [illegible] vast variety of subjects.

[illegible] is that effective means [illegible] public through pictures, [illegible] exhibits, posters, motion [illegible] window displays. And [illegible] can be reached through [illegible] has been proved [illegible] through that popular de-[illegible]. The same principle [illegible] radio, to talks to [illegible] subjects.

[illegible] then, a half dozen types [illegible] which to disseminate [illegible] subjects. [illegible] vary and the [illegible] differ, the [illegible] to be observed so [illegible] publicity takes.

[illegible]

[illegible]

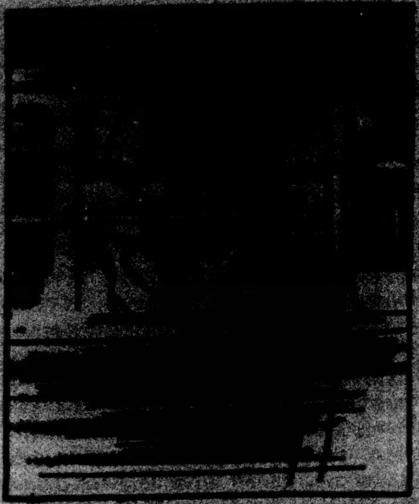
[illegible] first always and unalterably for the real nurse. The reader comes first always and inevitably in planning public information.

Hospitals may be faced with staff shortages. A third of the student body may have influenza. Cooks may leave and maids be undiscoverable. It does not matter. The patients must be nursed. The patients must be comfortable. And the patients are not interested in administration problems, problems of extra hours and added labor and weight of perplexities for the staff that are of secondary consideration with it also. First comes the patient.

So in public information. There may be a dozen matters discussed at a state meeting which are of real importance to the nurse, none of which, however, is of the least interest to the newspaper or magazine reader, or to the listener-in on the radio, because they deal only with professional details and do not directly concern him.

In a magazine or newspaper story, bear in mind, moreover, the type of readers of that periodical and use your material accordingly. A story that would be of real interest to the readers of the *Ladies' Home Journal* would not be suitable at all for the readers of the *American Mercury*. The same material may go into the building of an article for *Harper's* and for a story in the *Red Book*, but the presentation will be very different.

The material used in posters should be, not the important fact from the professional angle, but the one salient point of concern to those who see that poster and either give it a glance



THE NURSE, IN HER PRIVATE AUTOMOBILE, SPEEDS TO THE PATIENT'S ADDRESS PREPARED TO STAY FROM FIFTEEN MINUTES TO THREE HOURS

and pass it by, or stop for a closer look because it has caught their attention. Note, for instance, the 1930 membership poster of the American Red Cross. The nurse is the center of the picture. Yes. But it is the nurse holding close to her a ragged small boy. When he came into the picture, the popular appeal entered also, because the nurse was shown doing something for someone—and childhood, more than anything else, will catch the eye and hold the heart.

Above all, in giving radio talks, keep before your mind's eye a group of listeners-in and talk to them. If, let us say, you are broadcasting in the evening, address yourself to a family group. Picture the father half listening while he reads the evening paper, the mother resting a bit after finishing her work, daughter giving her undivided attention to the radio as she turns the dial. Will she stop to listen to you, or will she move her hand to reach out for some music?

If you actually see these people before you as you prepare your radio talk, you will find that it will be quite different in tone from your ordinary speech. Notice this introduction to a radio talk given over WEAF by Janet M. Geister, R.N., Headquarters Director of the American Nurses' Association:

> I want to talk to you about what to do when you need a nurse. If an emergency arose in your family today, where would you find a nurse? How would you know that you were getting a graduate nurse, one to whom you could entrust the life and death responsibility of caring for your loved one in his illness?

Following this introduction there were simple descriptions of the hospital, the official registry, various types of nursing care, the significance of the nurse's registration.

The Second Commandment

THE second commandment in nursing publicity is equally brief, equally obvious, and equally vital; namely, *Be accurate.*

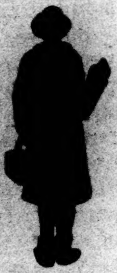
Once you have caught the attention of the reader or the listener-in, you must give him what he has the right to read or to hear, facts, clearly presented and simply stated; facts that are not misrepresented through careless wording, not misstated through slipshod work. Accuracy is the beginning and the ending of all forms of public information. There may be a half dozen ways of writing a story on hourly nursing. But in every case the facts presented are unalterable. The poster may show the nurse doing any one of her various duties, but the presentation must be accurate in detail.

Inaccuracy is a "lion in the way" of public information. It may be the result of carelessness. It may result from lack of information on the part of the person responsible for issuing the material, or on the part of the person doing the work. But whatever the cause, an inaccurate account or statement will counteract entirely any good which might have been derived from a story.

Accuracy begins at home. The nurse collecting the material for a newspaper story or for a folder is the person whom it behooves to be accurate. The reporter, or the writer engaged to put the leaflet material into readable form, will take what is given him and use it. Nor can you assume that he knows anything about nursing except those facts which you have given him, for he will consider the material as authentic because it has come from an authorised source of nursing publicity, and he will use it accordingly.

You may have noted already the illustration on the opposite page. The hourly nurse, you will agree, does look a bit odd, dashing about in a car, with a fur coat over her white uniform, a white cap perched over her curls. Now, the artist probably was given the full credit for the error in presentation. Perhaps it was his fault. But if the nurse who gave the story to the newspaper knew there was to be an illustration, the real responsibility rested there. A few words describing the uniform of an hourly nurse would have helped the artist, would have avoided misrepresentation in the drawing, and would have been much appreciated. To the average layman, it is surmised, a nurse's uniform of one kind is just the same as another until the differences are explained.

[illegible] different from the standpoint [illegible] is the distinctive young [illegible] her back to you on this [illegible] too, is going out-of-doors [illegible] weather. But note the correct details in dress—the coat, hat, bag, and the grand old-fashioned overshoes, perfectly clear even in the small cut. If Mr. Layman saw her original on the street, he would say, "Oh, there goes one of those nurses I was reading about." But alas for the young lady with the curls. She already has entered oblivion because her perky white cap never will be seen on the city street.



Thus it will be seen that absolute accuracy in details is essential if public information is to have its full value and fulfill its function, accuracy in subject matter, in names of persons, dates of events, information of any kind.

Keeping These Commandments Obliterates Obstacles

APPLY these two principles to various forms of publicity and see how many of your problems fade into oblivion. Assembling material for speech or leaflet, for radio talk or to give to a newspaper reporter, often seems more difficult than it is because the nurse is faced with a mass of material and does not know what items to select for her story. But if she takes only that which is directly pertinent for the possible patient, she will find the matter of selection a relatively simple one.

If, for example, you are preparing a folder on community nursing assets, you will plan first to use only those facts concerning your nursing services which are important for the possible purchaser of that nursing service. You will tell him (a) what types of nursing care he can receive; (b) where he can go to get this care; (c) how much it will cost him. If you are careful and thorough, you will collect

[illegible]

all this necessary information, and in [illegible] you will find that [illegible] in the [illegible] of [illegible].

[illegible] that [illegible] so that he will stop and look, and having looked, will remember.

Two Don'ts

TO these two major rules in all public information, there may be added two warnings. The first is, *Do not crowd your material.* The second, *Do not preach.* If you strive for accuracy in what you are writing or in the material you are collecting for a leaflet or bulletin, and if you reduce your material so that your single purpose is clearly evident, you will find that [illegible] in simple, readable form.

The tendency to use a great many words is common in the nursing profession, but certainly it is not confined to that group. It is often due, we suspect, to the fact that the writer or speaker is not quite clear in his own mind of what he wants to say, but he does have [illegible] words and [illegible] the sound of them or the sight. He may know the subject in a general way, but he has not reduced his material to simple fundamental statements first of all.

We are speaking, of course, only of such writing or speaking as is involved in public information. Nor do we mean that the material should be used in [illegible]. But if, first of all, you [illegible] what you want to say [illegible] reduced to a few [illegible], you can develop it [illegible] without sacrificing your [illegible].

[illegible] with [illegible] contain [illegible] than the reader will [illegible]. So many form letters are a [illegible] with narrow margins and single spacing. So many pamphlets fairly bulge with facts, a half dozen items in every paragraph.

The leaflet most easily read is that with wide margins, spacing between paragraphs, a [illegible] or two—and the information reduced to those facts which are [illegible] for the reader. One could write a voluminous tome about the care of [illegible]. But the registry that wishes to tell the [illegible] of the community about the availability of its hourly nursing service, needs to incorporate in the folder it is preparing only three or four briefly stated facts. Remind the chronic and his family that he may need a certain minimum amount of skilled nursing care. [illegible] by [illegible] the [illegible] registry. Tell him how the registry is [illegible] to [illegible]. If there is space, give a paragraph to [illegible] registry [illegible]. And that is all.

The tendency to [illegible] is particularly marked in the use of [illegible]

[illegible] to the public, and then of [illegible] these essentials in attrac[illegible] is most important in posters, [illegible] and window displays.

[illegible] the one fact or two that are of [illegible] significance to the lay group [illegible], the message you wish [illegible] to the public. Then pic[illegible] fact vividly, word your [illegible] succinctly, and let it go at [illegible]. Did you notice the wording on [illegible] Cross poster already referred [illegible] statistics. No specific ac[illegible]. Merely the words, [illegible], Today, Always, The Greatest [illegible] and in the upper corner, the [illegible], *Join.*

[illegible] warning against pointing a [illegible] they seem extraneous. But it [illegible] among the speaking and [illegible] groups of nurses, which they [illegible] similar groups in various [illegible], to insert a bit of [illegible] or to make editorial comment [illegible] material. Unless you are [illegible] magazine article or making a [illegible] the subject of which is inter[illegible] rather than factual, avoid [illegible] comment as you would poi[illegible]. What you, as an individual, [illegible] does not matter in that story. Let the facts speak for themselves. They will. Let the reader draw his [illegible]. His interest in the [illegible] will be greater, and the [illegible] public information will be [illegible] and more helpful.

Applying the Principles

N[illegible] these principles to the [illegible] media for public informa[illegible] today, and you will [illegible] fundamentals in every [illegible] need for care, [illegible] and prevention, and for [illegible] interest in the reader [illegible] by the writer or the [illegible]

Magazines and Newspapers

THE newspaper is the greatest single organ for public information. Many magazines and periodicals also will use stories on those aspects of nursing which are pertinent and of interest to their public. In using newspapers and magazines

1. Reduce your material to the few essential points of interest to the reader.
2. Develop these facts only with such stories and details as will emphasize and illustrate your principal points, so that the primary purpose always is in the foreground. Do not overcrowd with material. Do not moralize.
3. Unless you are accustomed to writing, it is best to give your material to a newspaper reporter or magazine staff writer to handle for you.
4. Be absolutely accurate in facts presented, in names, dates, details.
5. Always observe editorial rules regarding closing dates, etc.

Speeches and Radio Talks

NURSES are quite accustomed to speaking to members of their own and kindred professions. The time has come, however, when there is a need to tell the story of nursing to lay groups also, because the public has the right to be informed on nursing subjects. Radio talks on nursing are certain to find an audience. But the technic of radio talks is particularly difficult because they must hold the attention of a restless audience and must, therefore, be of interest to the public in every sentence, every fact, and every illustration of that fact. In these forms of public information

1. Make your talk very clear, very simple.
2. Remember that your hearer is listening because he wants to be informed. Tell him what he is interested in hearing, not what seems important from the professional angle to you.
3. Reduce your material to one or two major facts or ideas which you wish your hearers to remember. Develop these facts

with illustrations. Nursing is full to the brim with stories to hold an audience, to make the listener laugh and cry and [illegible] them to [illegible].

4. If you talk simply and clearly on the [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] the patient's [illegible] and [illegible].

5. Do not monopolize your radio period with merely a [illegible] or a [illegible] of a number of facts. Be brief. *Do not use more than [illegible] the first twenty minutes.*

Bulletins, Leaflets, Form Letters

THERE are many forms that can be used for disseminating information on a specific subject, folders and leaflets, bulletins and form letters, handbills and broadsides and booklets. Of these, the most helpful in securing publicity probably are the bulletin, the folder or leaflet, and the form letter. Handbills or broadsides are too spectacular to be useful in public information on nursing subjects. Booklets are used only, ordinarily, where an elaborate (and expensive) explanation is desired. They are extremely valuable as a means for presenting annual reports in a readable form. In using these media for public information:

1. Be brief. Brevity is the keynote in compiling folders, leaflets, bulletins, form letters, etc.

2. The fewer the words, the more carefully they must be chosen. Select simple, vivid phrases.

3. Strive for unusual, [illegible] and [illegible].

4. Choose varied type faces and attractive forms for leaflets and bulletins. Colored paper and line drawings add to the interest.

5. Word form letters as if directed especially to the individual addressed. Leaflets may have the personal touch. [illegible] bulletins and leaflets should be so worded that they can be [illegible] or [illegible] without alteration by newspapers and periodicals.

Pictures, Cuts, Posters

A PICTURE helps to attract attention to a newspaper story. A little cut work goes a long way to add to the readable appearance of a story or leaflet. Even mimeographed form letters can be embellished a little. In the use of cut work:

1. If you are asked for your picture by a newspaper or by a nurse doing publicity for her group, do not send the only photograph you have. Get the photographer to make you a glossy print. Write your name, address, and the position you hold, clearly on the back of the print.

2. The same principle is true if you are sending out pictures. Ask for glossy prints, and be sure that they are marked clearly [illegible] [illegible] [illegible].

3. [illegible].

4. Posters should be simple and striking. A single figure or group should be used and only a small amount of lettering. Select the [illegible] of [illegible] for your public and use them. In the lettering, [illegible] the [illegible] [illegible], or word the message to appeal to the [illegible].

5. Posters are used only for special occasions and purposes, and should, therefore, be [illegible] with other forms of public information. Let the newspaper [illegible], the leaflet and the radio tell the full story. Use the poster only as a [illegible] [illegible].

Window Displays and Exhibits

O[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] the story of nursing [illegible] [illegible].

[illegible] of detail is absolutely vital to [illegible] window display. Approved [illegible] in a small exhibit, we [illegible] on the desk, [illegible] each of these perhaps a [illegible]

[illegible] absolutely necessary, do not [illegible] miniature [illegible] a meeting [illegible]. Otherwise [illegible] and in trying to absorb [illegible] the exhibit will [illegible] purpose.

[illegible] always the point of view [illegible] yourself what there is in [illegible] can be made into an exhibit [illegible] to the layman. The [illegible] Hospital, shown [illegible] in 1922, some of [illegible] of their historical [illegible] the modern hospital [illegible] a direct [illegible] he was able to [illegible] how much [illegible] the hospital today [illegible] years ago. [illegible] an exhibit. A [illegible] a large crowd [illegible] in a small [illegible] with [illegible] to see the [illegible], but no one familiar street, then another. A single sign in the window told what hourly nursing is, and where it could be procured in that city.

3. Follow this example, and make the necessary explanation as clear and as brief as possible. Unless the exhibit is for educational purposes in a professional group, do not use innumerable little cards of explanation attached to all the items of the display. A streamer across the back of a show window, at a single sentence or two of interpretation or the side of the exhibit ordinarily is sufficient.

And no matter what form you use to inform the public about nursing, remember always the two great commandments in public information:

1. Write for the possible patient. Talk for the public. Present all information so that it will interest the layman because it is related to his needs and, therefore, he understands and is interested.

2. Be accurate. Reduce your material to the few essential facts, then develop these as you think best.

EDITOR'S NOTE.—This is the fourth article to appear in the *Journal* in this publicity series and, like the others, is designed to reach particularly state and district officers, publicity chairmen, executive secretaries, superintendents, hospital training school superintendents, and others upon whom rests the responsibility of public information in nursing.

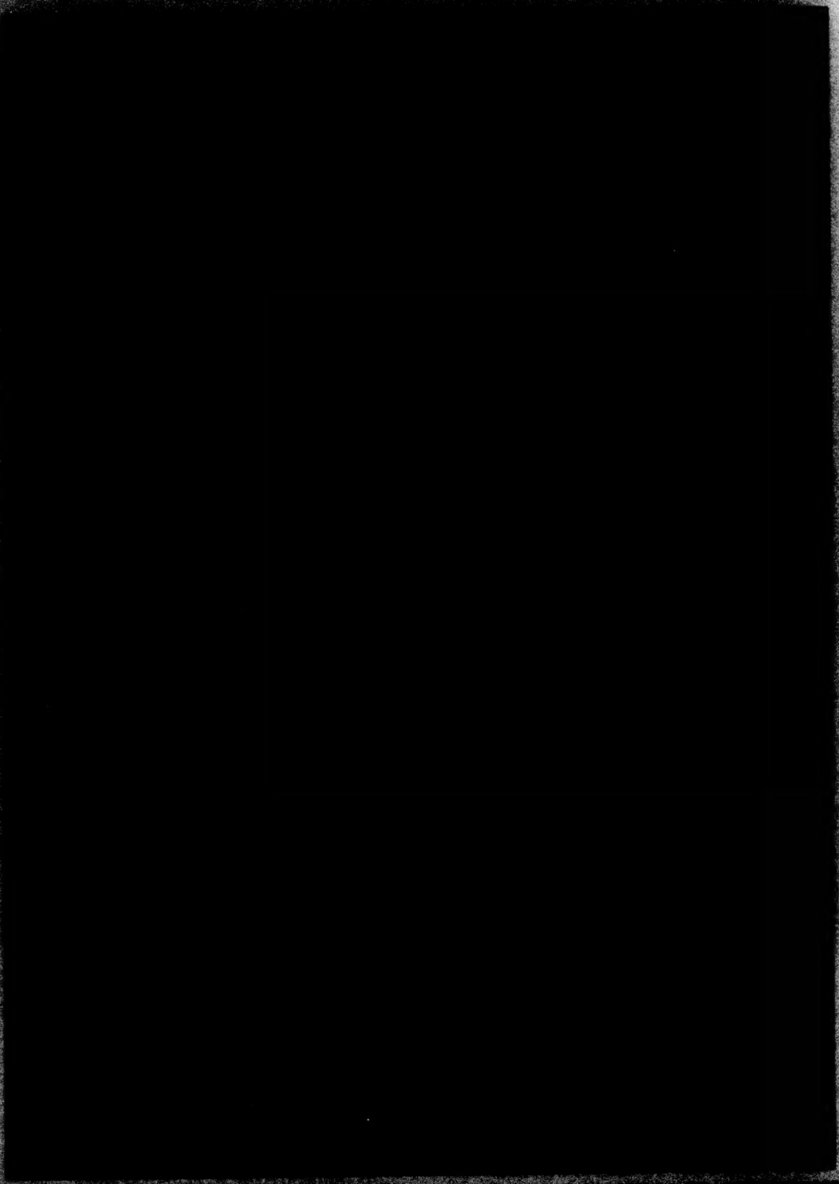
The Public Health Nurse for April

[illegible] Magazine of the National Organization for Public Health Nursing

(May be had in combination with the *Journal*)

[illegible] By Philip Lewis, M.D.
[illegible] in Great Britain.
[illegible]
[illegible] County,
[illegible] E. Page.
[illegible]. By Rockwell
[illegible] M.D.
[illegible] and Institutes, Summer,
[illegible] Hungary. By Alexandra
[illegible] Nurse Handles Her
[illegible] Alice Powers.
[illegible] Visiting Nurse
[illegible] Cooperation between
[illegible] nurses who are
[illegible] Nursing.)

Planning a County Nursing Program. By Margaret Reid.
News from the State Division of Maternity, Infancy, and Child Hygiene, New Hampshire.
Foods of the Foreign-born. By Bertha M. Wood.
Nurses in Commerce and Industry (continued). By Louise M. Tattershall.
Organization Activities:
  N. O. P. H. N. News.
  Comments on Revision of the by-laws.
  Additional Recommendations of Records Committee for P. H. N. Reports.
Board Members' Forum.
  Biennial Program.
Industrial Nursing Questions—Problems and Policies Department.



ENTRANCE TO ST. ELIZABETH'S SCHOOL OF NURSING, YAKIMA, WASHINGTON

(It is understood that the signs are used only when necessary, [illegible] [illegible]. Good practice condemns the use of [illegible] with or without [illegible] public [illegible] [illegible].)

St. Elizabeth's Hospital School of Nursing

SISTER JOHN GABRIEL, R.N.

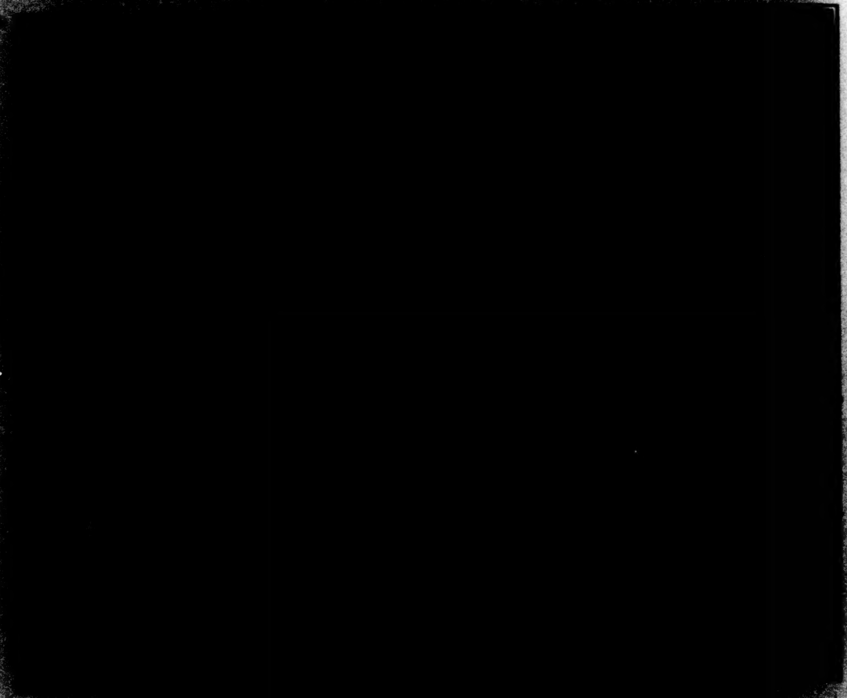
[illegible] ELIZABETH'S HOSPITAL, [illegible] Wash., operated by [illegible] of Charity of Provi- [illegible] of the pioneer orders of [illegible], has recently completed [illegible]-for and much needed [illegible] student nurses.

[illegible] observer or the ardent [illegible] it sometimes appears as what frequently resembles a venturesome undertaking; and so the dream of the St. Elizabeth's School of Nursing is at last realized and from all appearances it is "here to stay," as it is a three-story fireproof structure with a capacity for over one hundred nurses, fully equipped with every modern device, from the tiny red pilot light on each floor indicating in one case that the automatic elevator is in use and in another that the process of general ventilation is taking place, up to the large auditorium, with its roomy stage, brilliant footlights, and seating capacity for approximately six or seven hundred people.

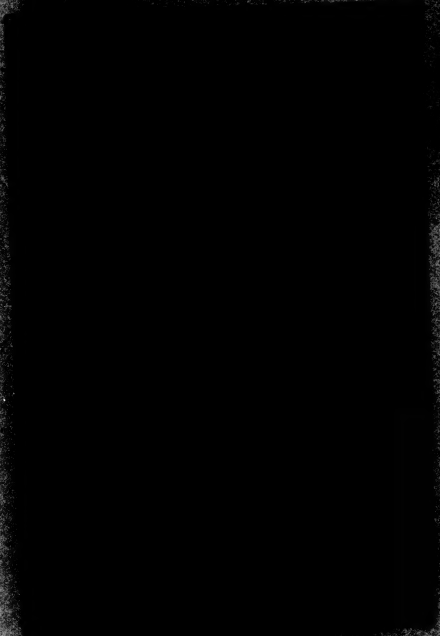
[illegible]

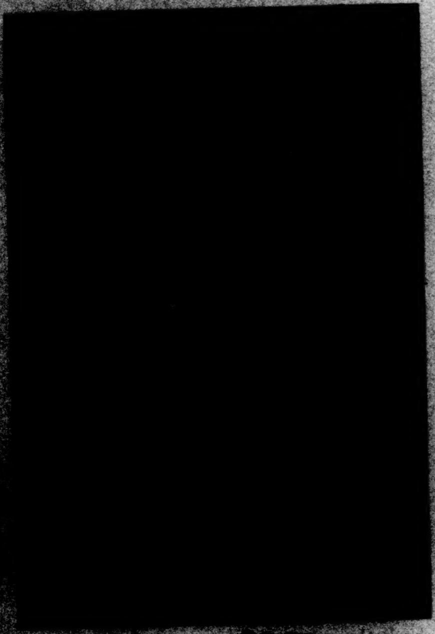
[illegible] are the hardest people [illegible] nurses, they do seem so [illegible] but those who are more [illegible] the ways of various [illegible] know that when the [illegible] they take great strides [illegible] in time to meet the [illegible] of the day. There is, [illegible] about what they [illegible] permanence and [illegible] "here-to-stay" feeling to [illegible]

St. Elizabeth's Hospital has served the residents of the Yakima Valley and the surrounding districts since



[illegible] equipment to carry on its [illegible]. The remainder of this floor [illegible] thought out and planned to [illegible] a cultural and social [illegible] that would go far toward [illegible] and retaining the proper [illegible] ideals and standards of [illegible] attractive part of this [illegible] large living room, with ample [illegible] seventy-five or one hundred [illegible] one time. This room is [illegible] and substantially fur- [illegible] rockers and well selected [illegible]. It is colorful and artis- [illegible] harmonizing draperies.





One of the [illegible]

[illegible] and walls, all of which [illegible] of home life [illegible] is enhanced by [illegible] fireplace, [illegible] adjoining [illegible] makes it possible [illegible] of tea or coffee, or to serve it to guests, with very little inconvenience.

The kitchenette is equipped with an electric range, frigidaire, cupboards for dishes, and a sink with hot and cold running water. It is an unusually large room for a kitchenette, so that it affords a corner for a cosy little breakfast room which is daintily furnished in green and cream with the color scheme carried out in table, chairs, draperies, dishes and linen. This is one of the most popular rooms in the house, catering not only to visitors in the living room but also to students who, on a free day, may enjoy a late breakfast at any hour they wish to rise.

Private parlors are also available on this floor, and these are attractively furnished with upholstered and wicker furniture, which makes them very inviting and much appreciated by the students who entertain men friends.

The Sister Directress' and the House Mother's offices are a part of the main floor and either one or the other is open to students at any time during the day or the night. The additional space is taken up with sewing room, linen room, utility room, lavatories and [illegible]. The basement is used for laundry and storage.

[illegible] throughout the entire building with [illegible] on each floor. A telephone booth on each floor is provided with a light and a shelf for the book. The walls are [illegible] for about two feet above the [illegible] around the inner side of the booth by [illegible], which prevents many a promising cartoonist from exercising her talent while waiting for an answer to a call.

The St. Elizabeth's School of Nursing admits only students who have completed a full high school education, who have a good moral character, and show an ability to carry the theoretical and practical work of the curriculum, as outlined by the Board of Examiners for an accredited school in the State of Washington. The school employs a full time instructor who is assisted in her teaching by the directress of the school, the supervisors on the floors, the dietitian and the medical staff.

* * *

May Day, 1930, and the Parents

THIS year May Day addresses itself to the fathers and mothers of the United States. Upon them depends the success of all efforts to ensure a sound mind in a sound body to every child. Therefore, the National Child Health Day Committee of the State and Provincial Health Authorities of North America chose as the special keynote of 1930, "Parent Cooperation in Community Child Health and Protection." They know that the state's official health work will be effective for children in proportion to the intelligent cooperation of the parents of the little John's and Mary's and of their baby sisters or brothers.

The time has come when parents ask for something more than ever before. They ask to be drawn more actively into the program, to be better informed on the whole subject of child health, to know what each separate group, working in this field, is doing and how its work fits into the whole. They are ready for a new and clearer interpretation of the community's child health program and of their responsibility for it.

Magazines and newspapers can and do help by every line which they carry on the well-being of children. If a magazine or an article arouses a mother's interest and makes her realize that to be a good mother requires knowledge as well as devotion, it has accomplished much. And if, in addition, the other health forces provide her with the means of acquiring further knowledge, still greater progress is made [illegible] importance of all [illegible].

[illegible] May Day [illegible] and our [illegible] the [illegible] of May Day into child health, child happiness, and child [illegible].

Some Problems of Private Duty Nursing[1]

MARY F. WALLACE, R.N.

THERE is nothing original about what I shall say, but having been a private duty nurse twenty-six out of the thirty-three years that I have been in active nursing service gives me the only right I have to take your time. Many problems, national [illegible] have been brought to our attention by the Grading Committee [illegible] first report contained in *Nurses, Patients and Pocketbooks*, that [illegible] "little red book" issued more than a year ago. The questions of supply and demand are definitely known, backed up by printed facts. We have facts as to the low preliminary educational background of many of our nurses of the past and the present, and this gives the key to the future.

It is quite frequently remarked by some of our private duty sisters: "What is the use of my joining any nursing organization or attending meetings? There is nothing in them for the private duty nurse." This attitude reminds me of a story I heard the other day of a hard-working preacher who was addressing a small congregation. The service proceeded [illegible] to take up the offering, [illegible] to go to the man occupying [illegible] that day. The good deacon [illegible] plate to the visiting parson [illegible] the congregation and the [illegible] dropped in fifty [illegible] of the service the [illegible] returned the [illegible] to the preacher, whose [illegible] remarked: "You didn't get [illegible] Daddy?" "No," replied [illegible] very sadly. After a [illegible] the little boy said: "Maybe you would have got more out of it, Daddy, if you had put more in."

That is somewhat like the private duty nurses. Maybe we would find more information, more inspiration for our problems and work if we put a bit more into the solution of them ourselves; if we expressed ourselves to some purpose in a nurses' meeting, instead of in such fluent criticisms in hospital dining rooms, where the chatter only increases our discontent without offering the first constructive suggestion.

Along this same line, I was a bit amused at some remarks from a very pleasant nurse on board the boat to Montreal this summer. She was from a state a little south of the Mason and Dixon line and, after finding that we were both nurses bound for the I. C. N., she asked if I had ever attended an international meeting before. I told her no, this was my first thrill along that line. Then she asked me if I had attended many of our national meetings, and I had to tell her I had had the opportunity of attending only four and asked her if she was at our last Biennial in Louisville in 1928. "Yes," she said, she went, but she did not get much out of it. "They had so little for the private duty nurse." "Oh!" I said, "I thought our Private Duty Section meetings were fine. They discussed group nursing, hourly nursing and registries." "Well," she replied, "I guess I did not get into those meetings. You know it rained all the time, and anyway, there is always so much lost motion at these big conventions. It is so hard to pick out what one should hear." "Well," said I, "you got your program when you registered did you not? I always look over my program and select the things I most want to hear. The general sessions are [illegible] of interest to all and the [illegible] Private Duty Section program is of special interest to our group." "No," she said, she did not register and did not get a program. She just "dropped in" to the sessions, staying until they were over, but she did not find anything that interested her very much.

---

[1] [illegible] annual meeting of the Illinois [illegible] Association, Moline, Ill., October [illegible]

"Well," I said, "when you get to Montreal be sure you register the first thing and get your program and study it. You will not be able to attend nearly everything, but pick out the papers that interest you most. If you take our *American Journal of Nursing* you will find that it has given an outline of the program and you could get an idea of what was most interesting to you." "Yes," she said, she took the *Journal* and thought it a very fine magazine but she did not have much time to read.

"Nurses are pretty busy in your part of the country, are they?" I asked. No, there had not been a great deal of work. Some nurses were not busy much more than half the time.

"That agrees with the report of the Grading Committee in *Nurses, Patients and Pocketbooks*," I replied.

She thought she had heard something about the Grading Committee but she did not know just what they were doing and she did not know anything about *Nurses, Patients and Pocketbooks*. I tried to explain that this important book "red book" [illegible] an outstanding feature of the [illegible] Biennial, that it was [illegible] a copy and could be bought at the office of the Grading Committee, 370 Seventh Avenue, New York City, that every nurse should read it no matter what line of nursing she was in, but that it was a special study of private duty, all of which and much more she could find in the *Journal*.

This type of nurse is, to my notion, one of our most serious problems. She belonged to her [illegible], she took the *Journal*, but she got nothing out of either because she put nothing in either, not even a few hours of reading. I have no doubt she was very efficient in the sick room, probably gave very good bedside care, just as it had been taught her in her training school, but I doubt if she had taken the trouble to acquire any new methods or did much to widen her professional or general knowledge in the ten or twelve years she had been out.

If private duty nurses are idle four months out of every twelve, even if the time does come in one day or two or three at a time, surely we could find some time to do a little reading and keep somewhat abreast of newer nursing ideas and the current topics of the day.

Some of us have had the very great pleasure of hearing Miss Goodrich and Miss Fox give their very splendid papers in Montreal. We can all read them in the *Journal* and we will also [illegible] and [illegible] two [illegible] They will [illegible] present [illegible] possible [illegible]

[illegible] no [illegible] so [illegible] but [illegible]

[illegible] and [illegible] the A.N.A. [illegible]

[illegible]

[illegible] "Private Duty Nursing in [illegible] States" she says:

> [illegible] registry which has the [illegible] is the nurse's official [illegible] and maintained by district [illegible] state associations of graduate [illegible] do we believe the reg- [illegible] a study of registries with a [illegible] standards is the [illegible] project of the staff of the [illegible] Association this year. [illegible] seems to be away [illegible] of a simple employment [illegible] the function of a community [illegible]. We look to the registry to [illegible] in developing nursing service [illegible] in amount and kinds to the [illegible].

[illegible] understand this paragraph, the [illegible] the future will not only [illegible] placing of nurses on twelve [illegible] hour private duty [illegible] or hospitals, but will [illegible] part-time service, as in [illegible] hourly and group nurs- [illegible] or hospital and, by some [illegible] with visiting nurse [illegible] health organizations, [illegible] community nursing [illegible] individuals we can do [illegible] in an organized coöpera- [illegible] can be of great assist- [illegible] for a real community [illegible] must be worked out [illegible] prepared to give the [illegible] and those needing [illegible] community, which in- [illegible] physicians, and hos- [illegible]

[illegible] private duty nurses are [illegible] of these [illegible] our registries the individual nurses who wish to try out these services. This is very shortsighted on our part, for boards of directors of registries are going to have to take on these part-time services if they fulfill their duty to the profession and the community, and we private duty nurses, by coöperating and becoming a part of these new services, will not only find wider employment for ourselves, but we can through our registries maintain better standards for these services to the "purchasing public" and some sort of regulation of the individual nurses rendering the service. Miss Nelson, in the July, 1928, *Journal*, closes her discussion of Distribution with these words:

> Together is one of the most inspiring words in the English language. Coming together is a beginning—keeping together is progress—working together is success.

Let us keep in mind the "human triangle" spoken of by Dr. VanEtten in his address in Louisville at our Biennial. This triangle is composed of the patient, the doctor, and the nurse.

If we private duty nurses of Illinois still wish to do bedside nursing because we like it and because we feel that is what we are best prepared to do, we must meet the new adjustments that are inevitable on account of changing social and economic conditions. We are a part of the communities in which we live and like all other individuals in these communities we have to meet the ordinary living expenses of shelter, food, clothing, educational things of one kind or another, our own illnesses, and sometimes the illness of those at least partly dependent upon us. So, like the rest of the community, our work must supply us with cash to meet these ensuing necessities of the day and something for the days when we cannot work, either because of illness, old age, or lack of opportunity. Our country is our business as well as everybody else's, and the Chamber of Commerce of the United States has outlined a principle of business thus, "The reward of business for service rendered is a fair profit, plus a safe reserve, commensurate with risk involved and foresight exercised." This principle emphasizes four points, says Clara Brunner in her paper on "A Fair Reward" in our *Journal* of August, 1929, fair profit, reserve, risk, and foresight.

The nurse exercises foresight in her training for her work and in her care of her patient to prevent further illness. She certainly runs a considerable risk to health in caring for many communicable diseases. With irregular work and the usual expenses of living does she have an assured profit or reserve? Facts say not.

Miss Fox in her paper, "The Financial Aspects of Medical and Nursing Service," given before the Private Duty Section of the International Congress of Nurses, gave us three factors that have to be considered in studying the economics of any business or profession:

1. The cost of production
2. The purchasing power of the people
3. The need of the product (cure, prevention)

A study of these three factors will tell us why private duty nurses must readjust their service to the community and give their service in part-time as well as full-time quantity. If, by reorganizing our present registry plans and cooperating with present already existing agencies, we can put our "product" within the purchasing power of the people and give private duty service "in accordance with the patient's need rather than his income" we shall have benefited ourselves as well as our community.

In the "Story of the Automobile" by H. L. Barber there were a few pertinent paragraphs that might apply to private duty nursing problems. The chapters devoted to the commercialization of the automobile make clear that:

> Its greatest success has been due to the production of automobiles at a price within the reach of people of ordinary means. For this the one man most responsible is Henry Ford. He demonstrated that the most money is to be made out of things used by the greatest number of people—the things that are common needs.

When you are sick you need care whether you can afford it or not. The presence or absence of your bank account has nothing whatever to do with your need. Now, if a plan can be evolved whereby skilled nursing service can be brought within the purchasing power of 75 per cent of our communities instead of 10 per cent, or 15 per cent as Miss Fox gives our present estimate of those who can afford private duty nursing, under the heading "The Purchasing Power of the People," will we not have done ourselves quite as great an economic favor as we will have rendered our patients? This all sounds mighty commercial, but remember it is economics we are talking about.

Hospitals after various experimentations [illegible] the economic conditions of their patients. They have made many adjustments and have gone forward considerably in the past fifty years. [illegible] have [illegible] medical patients in [illegible]. Private duty [illegible] if [illegible] to [illegible].

Private duty [illegible] has been an individual [illegible] since [illegible] I believe it always will be, for fully 60 per cent of the large body of nurses [illegible]factory to their patients, and [illegible] some patients said they [illegible] glad to have the same ones [illegible] so bad. That as a group [illegible] behind the institutional and [illegible] nurses educationally is [illegible] and the reasons are not [illegible]ed.

[illegible] splendid spirit of nursing, [illegible] down to us by our pioneers is [illegible]. No matter in what units of [illegible] bedside care of the immedi[illegible] may be given or in what [illegible] it is paid for, it is still ours to [illegible] to our International watch[illegible] "service." That some of us [illegible] all that our profession and [illegible] employers could wish and have a [illegible] respect is undeniable. These [illegible] problems of overproduc[illegible] distribution, and unem[illegible] will be solved.

[illegible] have a social conscience and [illegible] find a fair way of evening up [illegible] desirable things incident to [illegible] duty work—such as taking [illegible] communicable work, [illegible] holidays and week-ends so [illegible], doctors, and patients [illegible] to many of these pro[illegible] to lay at our door.

[illegible] adjustments may come [illegible], so that all who need care [illegible], however much our hours [illegible] may be shortened, and they [illegible] and shortening (No one [illegible] pain in the later [illegible] do), we older [illegible] undesirable conditions can sit back in our chairs in the old ladies' homes and can enjoy in retrospect the many fine characters it has been our privilege to care for and the rich friendships that service has brought us. These compensations don't pay rent, but they are very sweet.

We cannot afford to be indifferent or uninformed about our nursing world and other things about us. If we do not want to improve ourselves we must not block the traffic for others. We must inform ourselves of social and economic changes and be ready to make readjustment—not wait until they are thrust upon us whether we will or no.

From the trend of things, it would seem that reorganizing our present registries and organizing new ones, with the community nursing plan in mind rather than just a nurses' employment agency, is one of our first steps. For this reason, I move that the Private Duty Section of the Illinois State Association of Graduate Nurses send a request to our National Headquarters to have the subject of Registries made a special feature of the Private Duty Section program at our 1930 Biennial, with special reference to the organization and minimum standards for official District Registries.

[The discussion of registries and the formulation of minimum standards for official registries will constitute a very important part of the program at Milwaukee.—Editor.]

◆

Evolution

[illegible] the times change, the [illegible] lore gives way,
Or [illegible] the [illegible], relentless test of science.
As [illegible] grows to engineer, and barber became surgeon,
The [illegible] and studied skill
Adds to the art of friendly administration.

—Reprinted by courtesy of *Antioch Notes.*

How Many Students Have They?

T[illegible] 47 [illegible] the students in the country have [illegible]

[illegible] school. [illegible] to [illegible] 50 [illegible] to [illegible] generally [illegible] represent- [illegible]

[illegible] accompanies [illegible] from [illegible] accredited schools taking part in

Schools having each size of student body [illegible] of each size. [illegible] Figures from 1,200 regular accredited [illegible]

[illegible] study; and is so devised [illegible] height of each column indi[illegible] number of schools which be[illegible] group, when the schools [illegible] in order according to [illegible] of students. The nota[illegible] Q_1 and Q_3 show in what [illegible] the middle and the first and [illegible] fall.

[illegible] exceptions, but in general it [illegible] the figures in this dia[illegible] follow the figures pre[illegible] month for the daily aver[illegible] in the hospitals to which [illegible] belong. In general the [illegible] body is attached to the [illegible], and the larger the hos[illegible], the more its school is [illegible]. These statements are mat[illegible] everyday knowledge in the [illegible], and they are also [illegible] by previous studies [illegible] Grading Committee.

[illegible] 60 schools which have a [illegible] of 9 students or less. [illegible] has only 2 students in the [illegible] are 241 others which [illegible] 10 through 19 students. At [illegible] extreme of the distribu[illegible] of 57 schools in which [illegible] of students range from [illegible] 412. These are the very [illegible]. Most of them are [illegible], so that in many [illegible] entrance group is [illegible] previous year in [illegible]

[illegible] think about this [illegible] of school? If the ex[illegible] Grading Committee is [illegible] that, in gen[illegible] who [illegible] the large schools [illegible] is usually [illegible] to the [illegible] schools [illegible] the large school has [illegible] something when it herds its students together in such great numbers. They hold that nursing can best be taught by individual contact with the head of the school, and that in such large places this kind of detailed supervision becomes impossible.

This latter argument is convincing when presented to those who are closely connected with schools of nursing and almost equally unconvincing when presented to educators on the outside. In very few of the other professions are schools regularly conducted on a one-man or one-woman basis. In most professions it is assumed that the head of every school will have a staff of carefully selected faculty members who, among them, will share responsibility for giving each student the broad professional experience and the individual guidance he needs as a preparation for true professional service wherever placed. Often the great schools are singularly successful in their watchful care for the individual student, but they do not achieve this success by expecting the president of the university or the principal of the school to be familiar with every detail of the student's daily life and every phase of his emotional and mental growth. They delegate parts of this responsibility to other members of the staff.

In nursing, however, in perhaps a majority of the schools, the superintendent of nurses still feels personally responsible for the instruction and development of all her students. Where this is so, it may be inevitable that schools which have rapidly expanded, but have made no essential change in organization, should feel the danger of losing touch with the student body. The argument, "Large schools produce good machines, but don't produce good nurses," probably finds its source in cases where schools have grown but there has been no corresponding development in the organization of the teaching staff, and no carefully worked-out shift of responsibility from the shoulders of the superintendent of nurses to the shoulders of carefully chosen educational assistants.

That large nursing schools can exist and can at the same time give more than perfunctory attention to every student in the school is fortunately being demonstrated in a number of well known institutions. There are still, however, many superintendents of nurses who hold positions as directors of the small schools and who would earnestly defend their doing so, first, on the ground that after graduation their students will serve only their own community, and so will have little need for broader preparation; and, second, because they believe that individual personal contact with the principal offsets whatever deficiency there may be in clinical material or formal classroom instruction.

Here is another question where standards are surely needed. The superintendent of nurses who accepts the position as head of a very small school in a small hospital needs guidance from other nurse educators. She would probably hesitate to accept such a position if she had reason to believe that she would be frowned upon by the women she respects in her profession; yet unless some definite suggestions are given as to a minimum below which schools of nursing will not meet with the approval of nurse educators, she is at a loss to know where to draw the line.

More than rulings from state boards are needed. Every school represented in this study is practicing with permission from its state board. If the more thoughtful leaders in nursing education, after carefully weighing the many elements in the educational problem, could agree upon a minimum number of students below which no superintendent of nurses should feel justified in conducting a school, might they not make it easier for nurse superintendents in the field to define their own responsibilities?

This article and the article "How Many Patients" on page [illegible] of the March *Journal of Nursing* consider the minimum essentials which justify a superintendent of nurses in assuming the responsibility for conducting a school. How many patients must the hospital have as an absolute minimum? What sorts and varieties of clinical experience must these patients offer? How many students form the smallest student body which can be handled effectively? Can the hospital with the very low patient average or the very small student body ordinarily hope to provide an adequate teaching staff including instructors, supervisors, and head nurses especially prepared not only for nursing but for teaching? Can such a hospital usually see its way clear to provide ample laboratory facilities, classrooms, textbooks, and teaching equipment? These and similar questions are comprised under the general inquiry "What are the absolute minimum essentials which justify a superintendent of nurses in assuming the educational direction of a school of nursing?"

❧

[illegible]

Sodium Amytal

An Intravenous Anesthetic

MAE L. WHITFORD, R.N.

THERE has been considerable [illegible] discussion in the medical profession as to the propriety [illegible] administering anesthetics. [illegible], a number of prominent sur[illegible] this country prefer registered [illegible] as anesthetists, because they [illegible] watching the surgical proced[illegible] devote their entire time and [illegible] to the condition of the [illegible]. For this reason my ex[illegible] with a new anesthetic might [illegible] interest.

[illegible] spring while spending a week [illegible] Mayo Clinic it was my great [illegible] to observe the administration [illegible] amytal anesthetic by Dr. [illegible]. The rapidity and ease with [illegible] the patient became drowsy [illegible]ly entered into a seemingly [illegible] sleep were so extraordinary [illegible] value was particularly striking. [illegible] returned and explained the [illegible] properties of sodium amytal [illegible] advantages appealed to [illegible] so forcibly that he con[illegible] use it if possible. As it is [illegible] commercially obtainable, we [illegible] fortunate, indeed, in secur[illegible] through the courtesy of [illegible] Company.

[illegible] amytal is a powdered salt [illegible] (iso-amylethyl barbiturate). [illegible] is prepared with two [illegible] In one ampule is 1.0 gram [illegible] powdered salt, the other [illegible] of sterile distilled water. [illegible] amount to be used [illegible] more than 1.0 gram it [illegible] to prepare 2 ampules [illegible] by means of a sterile [illegible] distilled water is slowly [illegible] powdered salt and gently [illegible] the salt is entirely dissolved, the air bubbles have disappeared, and the solution is crystal clear. If the solution shows any cloudiness, or opalescence, it *must not* be used. It has been necessary several times to prepare another solution.

A 10 per cent solution is used. The dosage is 15.0 to 25.0 milligrams per kilogram of body weight. We have discovered that the same dosage, according to body weight, differs greatly in effect with the age and vigor of the individual. We employ our usual preliminary medication as with other anesthetics; that is, 1/6 grain of morphin with 1/100 grain of scopolamin given hypodermically half an hour before the operation.

The patient's arm is prepared with the usual aseptic technic; we then carefully inject into the cephalic vein, very slowly, 1 cc. of the 10 per cent solution, per minute. From the beginning of the injection the patient is very comfortable; within two or three minutes he gradually becomes drowsy, is unable to answer questions coherently, and in another minute or two is profoundly asleep. It is a marvelous sight to observe the patient pass from consciousness to unconsciousness so serenely.

Shortly after the injection has begun, there is a decidedly sharp decrease in blood pressure. We therefore take blood pressure readings every two minutes during the injection and every five to ten minutes during the operation. We do this at the request of Eli Lilly and Company because the anesthetic is still in the experimental stage. While there is a marked fall in the blood pressure during the injection, it quickly regains its previous level during the operation. In all our patients we have had only a [illegible] blood pressure, [illegible] we have used the [illegible] is injecting the solution very slowly at the rate of 1 cc. per minute.

The most alarming drop in blood pressure that we have experienced was [illegible] points, systolic. This was in a female patient aged [illegible]. It has been the only case where a patient has had Cheyne-Stokes respiration. We were to inject [illegible] cc. of the solution, and after having injected very slowly about [illegible] cc., there was a sudden sharp drop in blood pressure, with Cheyne-Stokes respiration, cyanosis and a pulse of [illegible]. At one time the interval between the respirations was 20 seconds. The needle was immediately withdrawn. After giving [illegible] grains of [illegible] by [illegible] grains of [illegible] [illegible] blood pressure began to rise, the [illegible] gradually became [illegible], and the cyanosis disappeared. The operation was [illegible] without the [illegible] of any other anesthetic. It is only fair to state that this patient was [illegible]

[illegible]

Our patients usually sleep about [illegible] for a brief period at a few minutes and answer questions intelligently. They again go to sleep and sleep [illegible] the entire night. If the patient shows any restlessness, a small dose of morphine is administered hypodermically.

Some of our patients have been operated on with [illegible] alone; but, with a few exceptions, the patients have [illegible] the other preparations of the [illegible], and also while the incision was being made. Therefore, we commenced to supplement [illegible] with nitrous oxid and oxygen when the incision was to be made, [illegible] of [illegible] with [illegible] it was [illegible] of [illegible] as the [illegible] is made. We do not use [illegible] of [illegible]

The [illegible] two [illegible] to [illegible]

[illegible]

[illegible] type of patient. Some [illegible] have had an experience [illegible] other anesthesia fearfully [illegible] ether and sodium amytal [illegible] administered [illegible] second operation instead of [illegible]

[illegible] patients to whom sodium [illegible] barbiturate has been [illegible] have been very generous [illegible], appreciating the delight[illegible] way in which they [illegible] sleep." As the salt is a new [illegible], we are obliged to select [illegible] with extreme caution. So [illegible] patient has been grateful for [illegible] injection and has [illegible] satisfactory recovery. We have learned that anemia is not a contraindication. The hemoglobin estimation on one of our patients was 65 per cent and on another 58 per cent. The effect of sodium amytal seemed to be a little deeper in the anemic patients.

The following is a partial list of operations which have been performed here under sodium amytal anesthesia: appendectomy, hysterectomy, salpingo-oöphorectomy, cholecystectomy, repair of cystocele, repair of rectocele, herniotomy, radical amputation of the breast, trachelorrhaphy, cauterization of the cervix, perineorrhaphy, and amputation of the leg.

A Retirement Income for Nurses[1]

MATILDA L. JOHNSON, R.N.

I HAVE been asked to come here [illegible] to you about insurance. [illegible] going to do it. At one [illegible] all of you have looked [illegible] of the insurance pro[illegible] it is not necessary to tell [illegible] policies you [illegible] during your [illegible] you are in [illegible] you can buy poli[illegible] a year for [illegible]. You pay these [illegible] you die the bene[illegible] [illegible] the in[illegible] wait until [illegible] policy your [illegible] chase. The insurance company is obliged to live up to the terms of the contract. Occasionally you make a mistake in making other purchases. You may pay your money for something that is worthless. You may be cheated by the tricks of sharp merchandising. This cannot happen to you in the purchase of life insurance. You always get what you pay for. The laws see to it that you do. In reality these life insurance policies with which you are familiar provide you with death insurance and not life insurance, and their purpose is to protect dependents who survive you.

I am going to tell you something about a form of insurance that is really life insurance in that it is designed to pay you an income beginning at some appropriate age and continues to pay it as long as you live. I know that from time to time all of you wonder what you are going to do when you are no longer able to earn your living as nurses. I am sure that most of you make some effort to put money away as savings to anticipate the time when you can no longer carry on your professional duties.

Nearly all of us have dependents to whom we are bound by the ties of love and moral obligation. In some cases the degree of dependency is considerable, and in others not so great. You all willingly acknowledge these obligations to dependents and provide for them to the best of your ability through the life insurance policies you carry. But it is not fair for any dependents to expect you to totally ignore the problem of provision for your own future years when you may not be as fortunate as they are in having some one take care of them. It is about this provision for your own future that I am going to talk to you.

During the last few years the problem of provision for old age security that confronts self-supporting women has received a constantly increasing amount of attention. Already much has been done to assist the women engaged in the teaching profession in this respect. There is, of course, no reason why members of the nursing profession cannot provide for their futures in very much the same way as a great many teachers are providing for their futures. Up to a short time ago we were handicapped in this connection because no one had done anything to establish an organization through which we could act.

Fortunately, Mr. William H. Harmon, who has for many years been well known for his splendid philanthropies, became sufficiently interested in the plight of the members of our profession actually to set in motion investigations to see what might be done to help you. Mr. Harmon was unfortunate enough to be ill a large part of the time during the last years of his life, and the attention he received from the nurses in the hospitals where he was forced to seek treatment was largely instrumental in bringing him to his decision to do what he could.

The nursing profession has a very large membership. If Mr. Harmon had bequeathed two, or three, or five dollars to each nurse at his death, none of you would have derived any great benefit from his philanthropy. A million or more dollars might easily have been consumed in this way to accomplish substantially nothing. It does not take much reflection to realize that neither Mr. Harmon nor any other individual could really help the nurses of this country toward old age comfort and security by providing them with money on which to live after they have ceased nursing.

Under the circumstances Mr. Harmon did a much sounder thing than he would have done had he left each of you some trifling sum. Since he could not possibly help you directly, he devoted the sum of $60,000 for the organization of the Harmon Association for the Advancement of Nursing. He did this because by doing it he could help you to help yourselves, and in this way achieved a great deal more than he could have achieved by dividing his estate among the members of the nursing profession.

When the Harmon Association was organized, [illegible] [illegible], including members of our own [illegible] nursing organizations, [illegible] [illegible] to act as a committee to [illegible] the problem of old age [illegible] [illegible] you [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] and financed.

[illegible] are especially fortunate. In [illegible] efforts have been made to [illegible] members of other professions [illegible] old age security. Most of you [illegible] less familiar with the work [illegible] Carnegie Foundation for the [illegible]ment of Teaching. Through [illegible]ization teachers in the [illegible] and colleges are able to pro[illegible] age incomes for themselves. [illegible] the Harmon Association was [illegible] it was possible to have the ad[illegible] officials of the Carnegie Foun[illegible] and other experts who were [illegible] with various plans for pro[illegible] incomes after retirement has [illegible] necessary. When the Car[illegible] Foundation was organized, there [illegible]ly no such organization. [illegible] people who assembled it were [illegible] experiment more or less. [illegible] Harmon Association under[illegible]ies, the committee carry[illegible] work was able to deal with [illegible] and abroad who had had [illegible] experience with retirement [illegible] it was not necessary to stop [illegible] hoping that the conclu[illegible] committee members reached [illegible] satisfactory.

[illegible] fortunate because in the [illegible] Association there is created [illegible] able to distribute, for the [illegible] the members of the nursing [illegible] gifts and legacies that [illegible]d citizens may wish to [illegible] it has been im[illegible] people so inclined to do [illegible] this direction simply be[illegible] was no organization [illegible] it could be done.

[illegible] deliberations of the com[illegible] by the Harmon [illegible] the Harmon [illegible] annuities for nurses. [illegible] our national nursing [illegible] working in collabora[illegible] experts who were [illegible] them, early reached the decision that we could best provide ourselves with old age incomes by systematically putting aside small monthly deposits throughout our active working lives and applying these deposits for the purchase of old age annuities. The duration of life is uncertain. Some of us will live to very advanced ages and others will die much sooner. No one can tell how long life will last after retirement. Consequently none of you can tell at what rate to spend the estate you are able to accumulate. In most cases we are unable to build up estates large enough to pay a living income out of the interest they earn. It is necessary to use up the estate itself, and that is where the trouble comes, because we cannot tell how long we are going to live and therefore cannot tell how rapidly to spend the estate. Managing our own money, many of us will spend it all before death. Others, fearing that it will be completely used before they die, will live very meagerly when it is not necessary.

There is one ideal device for completely utilizing the estate of any individual and at the same time guaranteeing that it will last throughout life. This is the old age annuity. The annuity is a form of insurance which guarantees the payment of a stipulated income as long as life lasts, and so the committee of the Harmon Association assembled to study your problems concluded that the most advantageous investment for your savings is the annuity which will pay you a monthly income as long as you live. When the committee had reached this decision it remained for it to decide just what sort of an annuity plan would be the best suited to the needs of the nurses.

In the first place, annuities deal with mortality and investment. The management of annuity plans is consupposedly the business of an insurance company. Years ago when the Carnegie Foundation was investigating prior to the consummation of its old age annuity plan, the people who were making the investigation finally concluded that teachers could best provide themselves with old age insurance through an annuity plan. An effort was made to interest the executives of insurance companies in the underwriting of the Carnegie Plan of annuities for teachers. Even as short a time ago as the days when the Carnegie Foundation was being organized, it was obliged to go ahead alone. It was not possible to secure insurance company coöperation. Since that time there has been a change. The Harmon Association has been able to effect contracts with the Metropolitan Life Insurance Company, the largest financial institution in the world.

The Metropolitan has agreed to act virtually as a trustee for the plan. All the deposits that you as members make to the Harmon Association will be held by the Metropolitan in complete safety. This insurance company is a mutual organization operated without profit to anyone except its policyholders. It guarantees you complete protection against the loss of a single penny.

When the committee, [illegible] the organizations and investigations, had concluded that the most satisfactory solution of the problem [illegible] annuities and it had made arrangements with an insurance company [illegible] [illegible] and [illegible] [illegible] to [illegible] of the plan would be.

As [illegible] [illegible] before, the members of the committee who were themselves nurses were especially helpful. No one could know better what you and I need than the leaders of our national nursing organizations. They themselves are nurses with years of experience behind them. They have encountered and are encountering problems that we too are familiar with. These experienced nurses virtually dictated the provisions of the plan. Therefore the provisions are the provisions that you and I need. They are the provisions we would have recommended had we been sitting with the committee.

I am now going to outline briefly the provisions of the Harmon Plan of old age annuities for nurses.

Each registered nurse is eligible to join the Harmon Association. The dues for membership are $1 annually. Membership in the Association is membership in the plan. Under the terms of the plan you can make monthly deposits of $5 or any multiple of $5 with the Harmon Association. These deposits are placed with the trustee of your funds, the Metropolitan Life Insurance Company. The deposits are to be continued regularly up to the time you are ready to retire. The amount of the income is, of course, determined by the amount of the monthly deposits and the number of years it is continued. [illegible]

[illegible] age income by depositing other [illegible] sums that may come to [illegible] years.

[illegible] that you put in the plan [illegible] to your estate if you die [illegible] retire or, if death occurs [illegible] but before you have [illegible] as large an income as the [illegible] your deposit in the plan, the [illegible] between the total sum of [illegible] and the income you [illegible] will be paid to your [illegible]

[illegible] necessary for you to [illegible] payments at any time and [illegible] the money you have put in [illegible] you can always get back at [illegible] as you have deposited. [illegible], you may signify your [illegible] you subscribe, to receive a [illegible] value equal to your [illegible] compound interest, but [illegible] is chosen you will draw [illegible] smaller income at re[illegible] you would have, had [illegible] the same amount of money [illegible] the option.

[illegible] is guaranteed to you [illegible] Life Insurance C[illegible] Starting at the maturity [illegible], you will receive a [illegible] month from the Metro[illegible] Insurance Company as [illegible] live.

[illegible] you join the plan you [illegible] a certificate book issued [illegible] Company. This [illegible] gives the terms of the [illegible] the guarantees that [illegible]

[illegible] gives you a monthly [illegible] own use. When this [illegible] once begun, it continues for the rest of your life no matter how long you live. Your payments will always be made to one central office and you will receive your monthly income check promptly wherever you live.

There is no surrender charge, if circumstances force you to give up and take your deposits out of the plan.

Your investment is absolutely safe.

In the case of an emergency you can borrow against your equity in the plan.

The Harmon Association provides a central organization through which funds from legacies, endowments, gifts, interest earnings, or other sources may be administered for your benefit. This is particularly worth noting. No one can tell how much may ultimately be realized for members in this way.

Finally, membership in the Harmon Association gives you membership in an organization established and operated to assist all registered nurses. It is guided by your own trustees and officers who are chosen by you yourselves.

This problem of making provision for ourselves in old age is very important. In many cases we are completely ignoring it and very few are giving it the attention that we should. We cannot be expected to know as much about ways to reach old age security as others whose business it is to know about these things. I am sure that each of us will find in the Harmon Association an institution anxious to give us help and recommend it as a source of information for any one wishing unbiased advice.

A Hospital Fire

WINIFRED FITZPATRICK, R.N.

"With loyalty . . . to the welfare of those committed to my care."—Nightingale Pledge.

ON Sunday morning, February 28, a fire broke out in St. Joseph's Hospital, Providence, R. I., causing a large property damage, but the 168 patients in the hospital at the time were promptly removed and carried to safety in the Nurses' Home, across the street, and within four hours all were comfortably housed in other hospitals in the city, all of which opened their doors, as did many other institutions and homes, demonstrating the wonderful spirit of coöperation and helpfulness that exists in Providence. The maternity cases, new babies, and children were removed first, one of the babies having been born just thirty minutes before the fire was discovered.

The rescue work was carried on under the direction of the Superintendent of the Hospital, Sister M. Placida, of the order of St. Francis, the Directress of Nurses, Evelyn C. Mulqueen, and Margaret Murphy, Supervisor of the Maternity Ward, and they were ably assisted by the entire corps of Sisters, graduate and student nurses. A large number of citizens, attracted to the scene of the fire by the sounding of the fourth alarm, the police department and firemen, all rendered invaluable assistance in carrying the patients to safety. Many of the medical staff arrived early, and their assistance was also invaluable.

The fire was discovered about 8 a.m. The day force of Sisters and nurses were attending Mass in the hospital chapel. On the discovery of the fire a nurse entered the chapel and whispered to Miss Murphy that there was a fire. So quickly were the nurses mobilized and marched from the chapel, that the chaplain, while conscious of a commotion, did not know that the hospital was on fire until after he had finished the Mass.

Many witnesses of the rescue work paid high tribute to the efficient work of the nuns and the nurses, several of whom worked for hours in water above their ankles. Immediately on hearing of the fire some of the nuns and nurses saw to it that the ether, oxygen, and every thing in their special cases was removed from the building.

The entire work of removal and rescue was conducted with remarkable order, calm and composure on the part of the nurses and the patients alike. There was no panic, and some of the patients did not know why they were being moved. One woman, on arriving at another hospital, remarked, "We were moved very quickly. Anyone would think the place was afire," and a child, awaking in another hospital, looked about him and asked, "Have we moved?"

◆

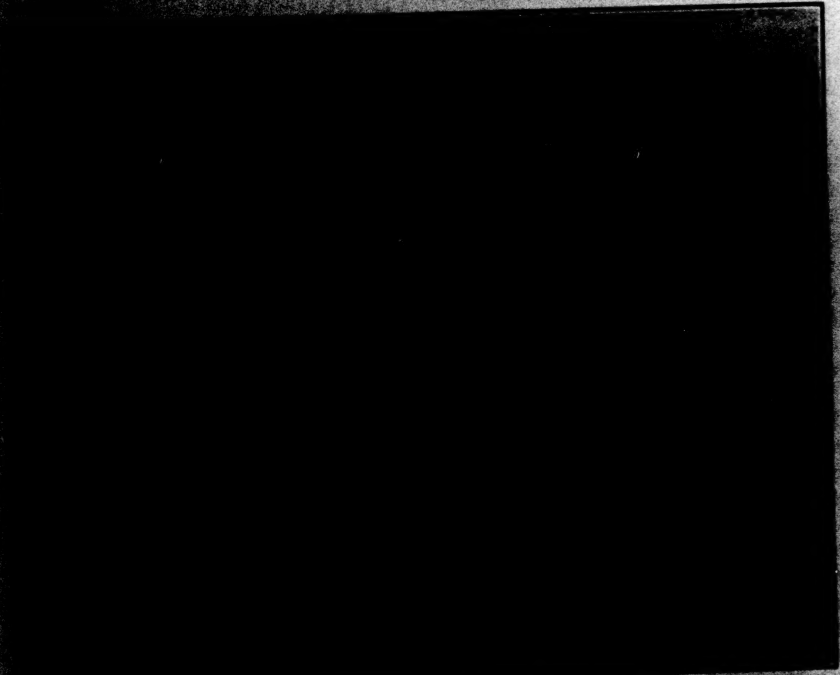
Quick Thinking

BARBARA [illegible]

Joyful News from Florence

ALICE FITZGERALD, R.N.

[illegible]HAPS half a century late, [illegible] none the less welcome, will [illegible] the news that Florence, Italy, [illegible] a school of nursing, and to [illegible] followers in Florence Night- [illegible] the news will be [illegible] gratifying, as it is



[illegible] of a small [illegible] of our own country- [illegible] have long been residents [illegible]

[illegible] war, in all Italian cities [illegible] to be found, and [illegible] to this [illegible] Red Cross [illegible] the local [illegible] volunteer nurses were assigned to the numerous hospitals established in all centers of the country. A particularly fine group of American and British women labored long hours and contributed intelligently and efficiently to the care of the sick and wounded in Florence.

When the war ended, a number of these workers, who had "found themselves" in the world of toil and satisfaction previously unknown to them, decided that they would not hang up their caps and aprons just because the war was ended, and they conceived a plan which soon materialized and became the now well-known "Free Dispensary of San Domenico" near Fiesole.

A suitable building, standing in a lovely garden looking out on the [illegible] hills, was secured, and here for many years the [illegible] of the neighborhood have been receiving care from a volunteer force which includes well-known doctors and specialists, dentists, and also professional and volunteer nurses, [illegible] and Italian.

Success makes for success, and this [illegible] group of [illegible] soon were looking [illegible] property [illegible] [illegible] [illegible] No [illegible] [illegible] of the hospital [illegible] [illegible] (an Italian [illegible] New York), [illegible] [illegible] [illegible] of the [illegible]

Under [illegible] [illegible] [illegible] mouth and that its [illegible] lead to the success which it deserves.

The Cost of Medical Care

THERE is no doubt that [illegible] [illegible] Dr. [illegible] Company, in the [illegible]

Four Milestones

[illegible]

I. By his first birthday the child may be expected to:
   1. Drink from a cup and eat from a spoon [illegible]
   2. Sleep [illegible] nothing [illegible] or bottle.
   3. Have [illegible] (when put on the [illegible] regularly, [illegible]).
   4. Be [illegible]

II. By his second birthday he may be expected to:
   1. [illegible] spoon.
   2. [illegible] nap.
   3. [illegible] and [illegible]
   4. [illegible]
   5. [illegible] stockings, [illegible] which [illegible] clothing.
   6. [illegible]

III. By his third birthday he may be expected to:
   1. [illegible] help.
   2. [illegible]
   3. [illegible] teeth.
   4. [illegible]
   5. [illegible]

IV. By his [illegible] birthday he may be expected to:
   1. [illegible]
   2. [illegible]
   3. [illegible]
   4. [illegible]
   5. [illegible] being [illegible]

—[illegible]

THE [illegible] for [illegible] of [illegible] a [illegible]

Schools for Segregation of Crippled Children

A May Day Celebration

ETHEL C. SCOFIELD

THE idea of the segregation of physically handicapped children has been meeting with much [illegible]. Arguments against it are [illegible] brought forward and many [illegible] the opinion that it is better to [illegible] children take their places [illegible] public schools with the [illegible] they should be taught with [illegible] inasmuch as their lives will [illegible] in a world of normal, un[illegible] adults. Some also have [illegible] the idea that a group of [illegible] children has a depressing [illegible] the individuals of the group [illegible] sensitive and sympathetic [illegible] are affected in this way.

[illegible] take the case of a crippled [illegible] regular public school and see [illegible] the advantages of being with [illegible] outweigh the ad[illegible] of segregation. In the first [illegible] child is physically handi[illegible] sets him aside as dif[illegible] his vitality is not as [illegible] of the others and his [illegible] greater care to [illegible] of exposure to heat, [illegible] and any extremes of [illegible]

[illegible] grow physically and men[illegible] active motion. To [illegible] child in the regular [illegible] protected because [illegible] [illegible] [illegible] the teacher, [illegible] [illegible] [illegible] child is taking issue with a group that grows through activity, but he, who needs growth, is shut out from the activities and a sense of fear and inferiority is bound to result. Particularly is this true of the nerve-injury type where cerebral education is dependent upon activity. Fortunate is the handicapped child in the regular school who is not ridiculed or pitied and made more conscious of physical deformity. Nicknames—Peg Leg, Limpy Jim, Humpy Joe—keep the memory of a physical difference constantly before him. It is true that later in his life his place is taken among normal people. But is it not reasonable to suppose that segregated in a group, better preparation is made? Here the child is associated and competing with children who, like himself, have a physical handicap; he is on the qui vive to do his best; the element of fear is removed; he is not conscious of protection. There is no tendency to ridicule, for the consciousness of each individual's deformity creates a respect for the deformities in others. Activities are made to fit the handicapped child and real growth and education take place, so that by the time he is ready to compete with the normal, a consciousness of ability, in spite of handicap, is there; a self-reliance has been established; fear and inferiority complexes have been banished. Moral courage and endurance have built up a resistance. Leadership has developed morale.

He is taking part in all activities. His games, his dramatics, his spontaneity, and self-expression are unlimited. He no longer sits out on account of a physical handicap. He loses all consciousness of this difference, for it is placed in the background, he realizes others are handicapped—some more than he is. Some one else needs his help, so that he is no longer always the dependent—but he has his opportunities to help others, and independence is emphasized through this ability.

Special training in activities leading to a later vocational training can be emphasized and adapted to the group. Rhythm, folk dancing, and singing games take on a new meaning when one sees them adapted to a group of crippled children. The shining eyes and happy faces bring to these activities the age-old pleasure, enjoyment and love.

Muscle reëducation becomes a vital subject when every child in the group is interested in the new movement of a paralyzed limb, in a controlled spastic arm, or the first steps of a child who has never walked. Every child brings to the one attempting the new action the enthusiasm, earnestness, and interest of the whole group, so that more is attempted and more accomplished. When Mary is able to make a mark that looked like a letter, not only Mary, but her whole class is proud. When Jane stands alone, every one from first to eighth grade is told.

A child is stimulated and encouraged by the admiration and approval of fellow schoolmates. Of course he wishes to please the parent and the teacher, but the children are his world and there is a difference in the desire to stand well with the group and excel in the classroom. A poise and self-reliance are attained in spite of crooked legs or useless hands. The constant supervision by both the staff and the children of the group insures consistent effort and development of every part to its fullest efficiency. Only through segregation and carefully selected staff personnel can this be attained. Patience, enthusiasm to try new ways of making routine and work efforts stronger, kindness, sympathy but not pity, and patience, more patience, as well as a sincere belief that it is worth doing, are required on the part of the instructors.

Can the consciousness of physical handicap be overcome? The children of the Indianapolis School for Crippled Children presented a May Day program. Every child in the school took part. The play was given on the stage in the Auditorium. Over 500 (normal) children and 200 adults were present. The play was based on the year's work in muscle reëducation through folk games, rhythms, and music interpretation. In spite of wheel chairs, braces, crutches, casts, kiddy cars—at no time was the audience conscious of handicaps. Why? Because the children themselves were absolutely unconscious of any handicap and had the poise and confidence to carry it over, for they were living and feeling the thrill of their first public appearance. Their faces were beautiful and happy—no one was conscious of crooked backs and twisted feet.

Will these children be satisfied to sit on street corners and whine and beg? Are not these crippled beggars the product of the days when there were no special schools and handicapped children grew up and lost poise because they were objects of ridicule and pity?

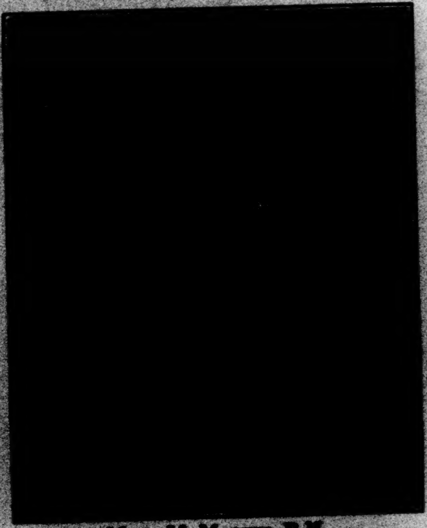
The [illegible] of special schools has [illegible] [illegible] the [illegible]. The purpose of these schools [illegible] the [illegible] [illegible]. With [illegible] [illegible] [illegible] [illegible] the [illegible] of [illegible] [illegible] [illegible] and the [illegible] [illegible] [illegible] of handicaps [illegible] [illegible] the normal adult.

Some Specialists

Mary M. Marvin, R.N.

[illegible]ENTS, and those who have [illegible] other association with Mary [illegible]arvin, inevitably think of her [illegible] as an instructor in nursing [illegible], but as a specialist in the [illegible] care of the patient. This is [illegible]stood because the im- [illegible] of that care is the final end [illegible] which all of her unusual [illegible] have been directed.

[illegible] Marvin has built up an en- [illegible] and sound foundation [illegible] of nursing; she has learned [illegible] sick and their needs from [illegible] study and experience. Af- [illegible] two years in academic [illegible] the University of Minne- [illegible]ered the school of nursing [illegible] university, graduating [illegible] 1912. Then came a year [illegible] at the Columbia Hospi- [illegible] Angeles, and another as [illegible] operating rooms at the [illegible] in Long Beach, Cali- [illegible] of her most valuable [illegible] nursing came to her [illegible] of private duty [illegible]. In 1918 she went to [illegible] Camp as an in- [illegible] later she did post- [illegible] in mental nursing at [illegible] Hospital, White Plains, [illegible] the same year, re- [illegible] from Columbia [illegible] that point she has [illegible] the field of teaching [illegible] at the Lakeside [illegible], where she [illegible] years from 1919 to 1921; then at Simmons College in Boston for five years, where she was first an instructor and later an assistant professor in biology and nursing; and since then at Teachers College, Columbia University.



MARY M. MARVIN R.N.

During the first two years of this period at Teachers College Miss Marvin also directed the clinical teaching and supervision at Bellevue Hospital—a most happy combination of enterprises, since each could so well throw light upon the problems of the other, and the scope of both be broadened thereby.

Supervision has never meant anything but teaching to Miss Marvin, and it is in this field that she has made greatest use of the imagination which is one of her biggest assets. She has not only tried out and proved the merit of [illegible] methods of ward teaching, but she is [illegible] to see further possibilities in that field. But perhaps of even greater value is her ability to stimulate others to see the opportunities for [illegible]

[illegible] Miss Marvin has [illegible] full time to [illegible] and to directing the field work of the graduate nurses [illegible] there. Her classes in the [illegible] of Nursing Practice [illegible] to her [illegible]. They [illegible] principles and the [illegible] and on setting up standards whereby these procedures may be judged. Probably she has had more to do with [illegible] of nursing [illegible] than any other one person in the country.

One of the [illegible] which Miss Marvin has [illegible] Teachers College [illegible] This program [illegible] head nurses [illegible] to both [illegible] the help they need [illegible] students may have the very best [illegible] while at the same time student nurses may receive the most intelligent and [illegible] teaching and supervision. In carrying on these activities, as in the [illegible] Miss Marvin goes [illegible] the graduate [illegible] their field [illegible] they work out plans for carrying out a program of ward teaching and administration. Nothing could be of greater benefit to head nurse, student, or patient, than such coordination of theory and practice. It would be interesting to know how many patients have received more intelligent care and how many student nurses have a truer comprehension of what nursing really is, because their teachers, supervisors, or head nurses, have been in direct or indirect contact with the philosophy which Miss Marvin exemplifies.

As a member of the National League of Nursing Education Miss Marvin has done much toward helping on the projects of that organization, notably as chairman of the Subcommittee on the Duties, Qualifications and Preparation of Supervisors and Head Nurses. She has also made valuable contributions to nursing literature.

"And yet, a résumé of her professional preparation and activities cannot begin to give a picture of the real Mary Marvin. [illegible] doubt [illegible] of [illegible] an [illegible] knows [illegible] max- [illegible] en- [illegible] does [illegible] of [illegible] our [illegible] still."

Editorials

[illegible] a Brilliant Biennial

[illegible] many of the American [illegible] Association's 85,000 [illegible] will attend the Bien[illegible] Six thousand are ex[illegible] Milwaukee but, whatever the [illegible], it will not dismay the W[illegible] nor the Program C[illegible]. Long and carefully have th[illegible] the Badger State planned f[illegible] and happiness of their [illegible] facilities are adeq[illegible] the great auditorium will [illegible] all meetings under its [illegible]

[illegible], an outline of which [illegible] in this issue, has [illegible] with unusual care. It is [illegible] the care of the patient. [illegible] interesting joint ses[illegible] provided, such as that [illegible] Function of the Regis[illegible] and the V. N. A. in N[illegible]. All of them [illegible] to broaden horizons [illegible] way for those [illegible] been limited to one [illegible]

[illegible] of Dr. Glenn Frank, P[illegible] University of Wiscon[illegible] speaker on open[illegible] with it. [illegible] as related to registries will be discussed, at the other the problems of the individual whose professional life is dependent upon the registry will be the theme.

The League, stimulated by the studies on the Grading Committee, is providing conferences on such basic problems as the "Need for Standardization of Records," the "Selection of Students," the "Administration of Affiliations," and "Supervision."

The N. O. P. H. N. is equally concerned to provide both inspirational and practical assistance.

An entire afternoon devoted to observation of nursing procedures in Milwaukee hospitals is an exceedingly attractive innovation.

An exposition of broad scope and sound educational value is being planned. It will be by far the largest yet held in connection with a meeting of nurses.

All told, the prospects for a genuinely stimulating and helpful convention are very bright. Once again, we suggest the value of budgeting time at the convention. Plan with care for the meetings that interest you. Plan well in advance for conferences with those whose advice you would seek. With a rich feast set before the nurses of the country, they will have only themselves to blame if any "go empty away."

International Congress on Mental Hygiene

ALL who have a serious interest in mental hygiene will be welcome at the International Congress on Mental Hygiene to be held in Washington, May 5–10. The Committee on

Programs is headed by Dr. Frankwood Williams, Medical Director of the National Committee for Mental Hygiene. The Advisory Committee on Programs has representatives from thirty-seven countries and eleven allied groups. Effie J. Taylor, Professor of Psychiatric Nursing, Yale University, represents nursing.

The general program, as outlined, is comprehensive. As is the custom of such meetings, the papers will be printed in various languages. Digests, only, will be presented from the floor, thus permitting ample time for the discussions in which some eminent nurses are invited to participate.

Generous provision has been made for round tables and at these some stimulating problems will be threshed out. Miss Taylor and a committee of nurses are actively at work completing programs for round tables dealing specifically with nursing problems. Representatives of nursing in other countries are expected. Some of the nurses whose professional interest centers in psychiatric nursing or in some phase of mental hygiene may find themselves in the dilemma of having to choose between the International meeting in May and the biennial meeting of the nursing organizations in June. If both cannot be encompassed it seems probable that the specialists will choose the Washington meeting.

Hospital Day—A Day of Enlightenment

THE author of two recent and widely read mystery stories chose hospital settings for her lurid plots. So vivid were the stories to her that when she again became a hospital patient it is said she suspected her special nurse to all [illegible] [illegible] the [illegible] and the [illegible]. Few people have any real [illegible] acquaintance with hospitals but many are sadly uninformed about their organization, their service, and their costs.

To overcome this lack of understanding Matthew O. Foley, Editor of *Hospital Management*, inaugurated National Hospital Day in 1921 and chose Florence Nightingale's birthday for the day of enlightenment. The plan became so [illegible] successful that the magazine generously referred the whole matter of leadership in planning celebrations to the American Hospital Association. That Association now is prepared to assist hospitals, large or small, at home or abroad, with specific suggestions for their programs.

Nurses have a many-sided interest in hospitals. They can add much to the effectiveness of the programs. It is important that they shall lend every possible aid to ways and means of presenting facts about hospitals and their various services, curative, preventive and educational, in the clear light of reason and of understanding.

Nurses are in closer contact with the 10,000,000 patients who are cared for annually than are any other group of workers. They have a marvellous opportunity for promoting understanding. This can be done not only by celebrating Hospital Day but by disseminating sound information on hospitals and on nursing throughout the year.

Grading—and the Second

THE reactions of individuals and of groups to the [illegible] from the Grading Committee [illegible] and [illegible] [illegible] of [illegible] [illegible] were revealed. [illegible]

[illegible] each nurse decided [illegible] students might have [illegible] out blanks, the [illegible] might be expected [illegible]. In other [illegible] that if students [illegible] Cincinnati, or Cleve- [illegible] probably students [illegible] the same. A sub- [illegible] therefore, they [illegible] will be as accurate as [illegible] to make it without [illegible] checking and re- [illegible]

[illegible] In one of the states [illegible] preliminary had show- [illegible] admission. [illegible] that conditions were [illegible] but they were pro- [illegible] when shown just [illegible] educational status is. [illegible] undoubtedly is due, [illegible] educational standards [illegible] state, for conditions in [illegible] system there are not [illegible]. This fact might easily [illegible] by the nurses as an [illegible]. Swiftly upon the [illegible] the figures the State [illegible] into action and [illegible] a meeting of the [illegible]. The State Board [illegible] was consulted, [illegible] of the State League [illegible] the facts were [illegible] formulated for [illegible] to the voca- [illegible] the high schools. [illegible] the making. [illegible]

What a Registrar Said

"YESTERDAY we had 298 nurses on call and 57 calls to fill." This was a fairly typical mid-winter picture of that city, and it was paralleled, more or less, in many another. During an interview with the registrar all of the usual registry problems came up for discussion. The unusual feature of the conference was due to the fact that the registrar who had once been director of an important school of nursing had changed her viewpoint. The school, located in a hospital of rich and varied services, had classes limited only by the capacity of the nurses' residence, not by the law of supply and demand in nursing.

A question as to the wisdom of enrolling ever larger classes brought the swift reply:

> I used to wonder what happened to my lovely young graduates. They left the school full of idealism and altruism. They believed the world was theirs. So, in the main, did I. Many of them joined this registry. Then began the weary wait for cases. Enthusiasm, idealism, spontaneity faded in the struggle for existence. Now I know what I did not grasp when I was under the compulsion of providing nursing service for a hospital. I know that it is wrong to operate a school on the basis of the need of the hospital. I know that a school should be operated on the premise that it is preparing nurses for a place in the world. The school should be expected to provide only a part of the hospital nursing service.

The obvious next question was: "If you were offered another position as director of a school of nurses, under what conditions would you accept?" It was clear that the question had been in her own mind for again the answer, clear cut, definite, thoughtful, was ready. In substance it was:

> Never again shall I accept the direction of a school of nursing unless the number of students is definitely limited, as the number of students in a medical school is limited.

[illegible]

Probably the whole system of education [illegible] would be altered if all [illegible] superintendents of nurses would be [illegible] the directors of the schools.

Superintendents of nurses, alone, are powerless to change a system so rooted in the complex economic situations in hospitals. Private duty nurses are called to the homes of members of the Boards of Trustees. Armed with such facts as may be found in *Nurses, Patients and Pocketbooks*, guided by tact in the manner of presentation, private duty nurses could do much to improve the unsound economic basis of schools of nursing and of their own specialty.

The International Nursing Review

BY action taken at Montreal, "*The I. C. N.*," with the January number, becomes the *International Nursing Review*. It is [illegible] published [illegible] quarterly [illegible]. It is [illegible] amount [illegible] headquarters.

Its appearance and its content the [illegible] editor, Christiane Reimann, and to the Council. It is worthy of [illegible] of the [illegible] Bertha Wellin, member of the Swedish parliament, who is Chairman of the Publication Committee of the International Council of Nurses, says in an editorial foreword:

[illegible] Not until [illegible] to the [illegible] of [illegible] of [illegible] wish to [illegible] Florence Nightingale and to serve her ideals.

We heartily concur. Student nurses cannot too early become familiar with the invisible but tenacious spiritual bonds which bind together the nurses of the world, nor can graduates fail to enjoy the consciousness of a kinship that girdles the globe.

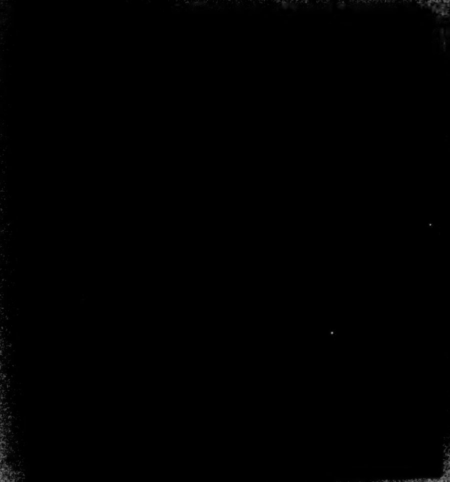
* * *

Ethical Codes

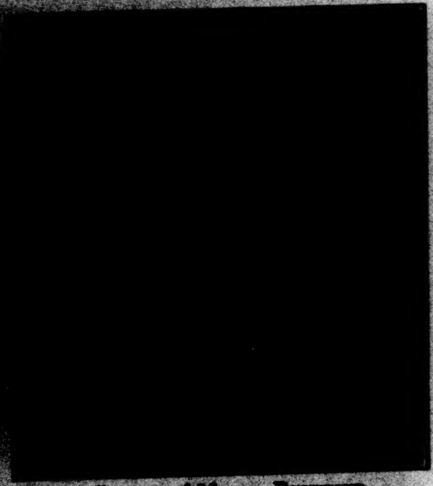
EVERY profession has an ethical code. It [illegible]

[illegible]

[illegible] Burns Saunders Memorial Medal



[illegible]



Saunders' Medal, Reversed

A [illegible]EDAL fashioned after the [illegible] and dignified design [illegible] above is offered by W. L. [illegible] II, of Philadelphia in mem[illegible] father, Walter Burns [illegible], as an award for an out[illegible] service to nursing rendered [illegible] nurse.

[illegible] will be made at biennial [illegible] of the American Nurses' [illegible] the first to be presented [illegible] this June during the bien[illegible] in Milwaukee. The [illegible] individual whose name [illegible] above the words, *Dis[illegible] to the Cause of Nursing*, [illegible], according to the [illegible] the A. N. A. Board of [illegible], as follows:

[illegible]

Eligibility

ANY nurse who is a member of the American Nurses' Association, and who has made to nursing some such contribution as already described, is eligible for the medal.

Recommendations

THE name of a nurse recommended to receive this high honor may be submitted by a state association or by individuals. Recommendations should be submitted to A. N. A. Headquarters, to the president of one of the three national organizations, or to Mr. Saunders. The recommendation should state accurately the nurse's name, her address, her official position. It "should carry with it," stated the A. N. A. Board of Directors, in January, 1930, "a complete statement of the professional background and accomplishment of the individual, together with a history of the achievement for which the award is to be made."

Our Contributors

[illegible] to the Education of Nurses Made by a Study of Normal Children[1]

PEARL L. CASTILE, R.N.

J[illegible] Effect of the Course on [illegible] of Nursing Care

[illegible] and to measure the [illegible] of this course was one [illegible] objectives of this study. A[illegible] of the course in "Preventive [illegible]," the students taking the course and those in the control group were again judged by the "Standard for Judging the Influence of Course 'Preventive Pediatrics.'" These ratings were again made independently by the supervisors and their assistants, so that each student again had two ratings. To compare

TABLE II—RESULTS OF RATINGS

Group Taking Preventive Pediatrics				Group—Control			
Student	Average of First Rating	Average of Second Rating	Gain in Points	Student	Average of First Rating	Average of Second Rating	Gain in Points
1	109	112	3	1	109	115	6
2	101	115	14	2	99	105	6
3	99	107	8	3	99	103	4
4	[illegible]	110	12	4	98	98	0
5	[illegible]	110	14	5	98	105	7
6	[illegible]	[illegible]	10	6	96	105	9
7	[illegible]	[illegible]	2	7	87	96	9
8	[illegible]	100	15	8	83	82	−1
9	[illegible]	95	12	9	82	88	6
10	84	100	16	10	81	89	8
11	78	91	13	11	79	88	9
12	78	94	16	12	78	78	0
13	77	87	[illegible]	13	77	86	9
14	[illegible]	[illegible]	[illegible]	14	76	76	0
15	[illegible]	[illegible]	[illegible]	15	69	78	9
16	[illegible]	[illegible]	[illegible]	16	64	69	5
17	[illegible]	[illegible]	[illegible]	17	64	62	−2
18	[illegible]	75	[illegible]	18	55	59	4
[illegible]	[illegible]	[illegible]	[illegible]	Total	1,494	1,582	88
[illegible]	[illegible]	[illegible]	[illegible]	Average	83	87.8	4.8

---

[1] [illegible] Health Journal.

the results the accompanying graph (Graph I) indicates the improvement in each group. These two groups were approximately the same average score by the first ratings, 61 and 63, showing a comparatively [illegible] in the personal ratings. The first group, with an average score of 61, after a study of normal children, received a score of 67.8 on the average, a gain of 16.8, while the control group, beginning with a score of 63 [illegible] showed an average score of 67.8 or an average gain of 4.8. These ratings were based upon the judgment of supervisors [illegible] who, [illegible] were unaware of the [illegible] students. The [illegible] of the supervisors regarding the course of study is a [illegible]. With the [illegible] difference in the [illegible] rating of the students showing a gain of 12.8 in points against a gain of 4.8 in the control group, it seems safe to say that a part, at least, of this improvement may have been due to the influence of the course in "Preventive Pediatrics."

In checking the individual items, it is noted that the improvements made by the control group were in points which have to do with the mechanics of nursing, the so-called general nursing care. Examples of points in which this group improved most are as follows:

1. Have therapeutic treatments been given when needed?
2. Has food been given when needed?
3. Have the surroundings been tidy?
4. Has her work been finished?
5. Has good technic been observed?

The group which studied normal children not only improved in these items but, also, in nursing points which indicate a sympathetic consideration of the personality of the child. Examples of those to which I refer are as follows:

1. Has the child been made happier by finding his interest?
2. Have changes been noted in mental attitude or behavior of the child?
3. Has the [illegible]?
4. Has the procedure been adapted to the child?
5. Has an explanation of treatment been made?

The supervisors expressed their conviction that the study of the normal child influenced the behavior of these students. Below are several comments made by the supervisor under the heading, "Remarks":

1. "Miss B. is able to make the children much happier."
2. "Miss D. is particularly interested in [illegible] and the quality of her nursing is improving."
3. "Miss L. is showing great interest in children and does many little things to add to the child's happiness."
4. "Miss K. always works for the best interest of her patients. Tries very hard to help the individual to adapt himself to situations."
5. "Miss F. is more mature than the average student. Always comparing the normal child with the ill and trying to help the child become more nearly normal."

Following are some comments made about the students in the control group:

1. "Miss J. has been a school teacher. Manages children very well."
2. "Miss P. does not like children."
3. "Miss C. at times becomes rather impatient with children."
4. "Miss H. shows little interest in the individual child."
5. "Miss K. has shown no improvement in the quality of her work."

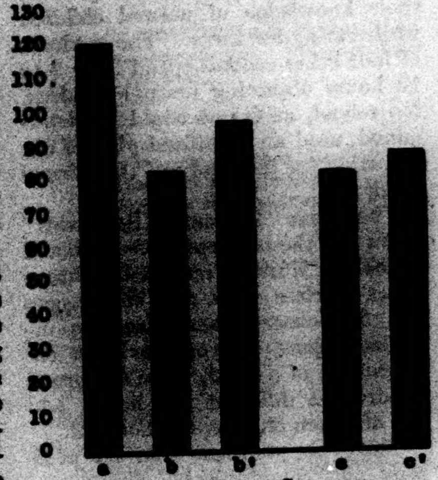
It is not to be assumed that the course in "Preventive Pediatrics" was the only factor of the improvement noticed in the [illegible] nursing. The [illegible] who directed the nursing in [illegible] Pediatrics and [illegible] have been a [illegible] factor in the development of these [illegible]

Conclusion

[illegible] experimental study has at[illegible] to show that a study of [illegible] child, generally accepted [illegible]ble, can be carried out in [illegible] without interfering with the [illegible] of the hospital wards. Fa[illegible] such as public schools, which [illegible] at hand can be utilised. [illegible] class work does not [illegible] burden because the students [illegible] to the specialties of pediatric [illegible] communicable disease nursing [illegible]arily reached a period in [illegible] when their classes are [illegible] other students asked per[illegible] to take this course is an indi[illegible] it is not a burden. These [illegible] may show, also, that these [illegible] the need of such study.

[illegible] the ultimate values in the [illegible] normal children for the edu[illegible] the nurse, it will be necessary [illegible] these young women for a [illegible] of time and to secure [illegible] later on as to the worth [illegible] a study. It seems safe to [illegible], that a study of normal [illegible] the emphasis on health. [illegible] the nurse to be a more sym[illegible] observer. It teaches her [illegible] the responsibility, not only [illegible] deviations from the [illegible] also the serious responsi[illegible] the mental health of the [illegible] a study of the personal[illegible] and the environment [illegible] child lives, she gains a [illegible] of the child as [illegible]. With better under[illegible] child comes a personal [illegible] and as a result, [illegible] nursing care. It is [illegible] has given to [illegible] a realization that

[illegible] to recognize [illegible] habits which [illegible] warp the individual's personality, and to institute treatment at a time when it will be most effective and serve best both the individual and society.[3]



RESULTS OF RATING STUDENTS

a—Perfect Score
b—Average Score of 1st Group (1st Rating)
b¹—Average Score of 1st Group (2nd Rating)
c—Average Score of Control Group (1st Rating)
c¹—Average Score of Control Group (2nd Rating)

GRAPH 1

Summary

A QUESTIONNAIRE was sent to fourteen schools of nursing to determine the provision made for students of nursing to study normal children. Eight schools offer such experience and three of the remaining six are now planning for such work. There is wide variation in the character of the opportunity provided for this experience.

The hours devoted to the study of normal children ranged from 0 to 96. Nursery schools, well-baby clinics, and well-baby wards were used to provide this experience. Four of the eight schools give from 50 to 96 hours to this study. Their students acquire their knowledge of mental hygiene [illegible] while caring for them. [illegible]

---

[3] Thom, '28, p. 44.

[illegible]

[illegible] rating of the group taking the course averaged [illegible] or an average gain of [illegible], while the control group gave a [illegible] of [illegible] or an average gain of [illegible].

The improvements made by the control group were largely in those [illegible] which have to do with the [illegible] of nursing, [illegible] only in [illegible] personality of the child.

The results of this study [illegible] that it is [illegible] to [illegible] a study improves the nursing care by [illegible] understanding and appreciation of the personality of the child.

[illegible]

[illegible] J. F.

I. [illegible]

[illegible] was a modern bungalow, [illegible]

[illegible] Good [illegible] homes. [illegible]

[illegible] fenced [illegible] yard was [illegible]

[illegible] with a bath. [illegible] and each [illegible] There [illegible] living [illegible] by [illegible] wood [illegible]

II. [illegible] The [illegible]

[illegible] wanted to help support the [illegible] these children were well [illegible] looking children with [illegible] early life. They were [illegible] and in simple style. [illegible] were in school grades [illegible] progress.

[illegible] conscientiously and [illegible]. The smallest girl, when [illegible] for us, did not hesitate, [illegible].

[illegible] helped their mother by [illegible] washing the dishes, and [illegible] the evening meal, [illegible].

[illegible] with our pleasure [illegible] for all of them, but [illegible] with no confusion or [illegible] playthings, as a doll, a [illegible] were evident. No [illegible] all that they possessed.

[illegible]

[illegible], I believe, of this home are [illegible] who makes the home [illegible] in the family will [illegible] (3) the home, [illegible].

[illegible] however, that [illegible] with books, with [illegible] with outside [illegible] were apparent [illegible].

[illegible] play, [illegible].

[illegible] interest [illegible] happy home [illegible] to further their [illegible].

[illegible] Studies on Observa- [illegible]

[illegible]

[illegible] months.

[illegible] of the Age Level

[illegible] without [illegible]

[illegible] without [illegible]

[illegible]

Mental:

Speech: 500–1,500 words in vocabulary.
Two-word sentences. Pronouns, I and you, are used.
Asks "what."
Calls things and animals.
Likes to imitate.
Emotions easily disturbed. Easily moved by sympathy and affection.
Learns results by association of experiences.
Imagination developing.
Tears from grief—not alone from anger or annoyance.

Social:

Dependent upon adults.
Slight amount of play with other children.

Individual Study

I. Environment:

A. Situations: Large playground and equipment provided. Weather changeable. Sun and clouds. Shade from a number of trees. Three or four directors on the playground.

Inside: Large house with fairly high ceilings. Sunlight from the windows. Well ventilated. No glare.

Equipment:

1. Playground: slides, poles for climbing, steps, sandbox, saws, wood, paints, balls, boxes, wagon, tricycle, doll buggy, chairs, benches, bricks, boards, cloth, aeroplane.
2. House: Desk, paper, charts, pictures, blocks.
3. Advantages: These serve to develop equilibrium, balance, coördination, imagination, imitation, manipulation, creative powers.

B. Group Activity: All played together while flying an aeroplane. They listened attentively to a director and then took turns flying the plane.

II. Bodily Equipment of S.:

Organic functionings: Well developed neuromuscular coördination. Steady gain in height and weight. Good circulatory adjustment. No digestive disturbances. Tendency to respiratory infections.

Hair: [illegible] with luster.

Eyes: Bright and clear—no squinting.

Under [illegible] *breathing:* Mouth closed while sleeping. [illegible] were probably due to upper respiratory infection.

Teeth: [illegible] in good condition.

Color of skin and mucous membranes: Ruddy pink. Lips pink, nails pink.

Quality of skin: [illegible]

Muscles: Apparently well developed for age.

Arms and legs: [illegible] straight.

[illegible]

III. [illegible]

[illegible]

IV. Traits of the Child:

[illegible]

V. Diary Record:

[illegible]

[illegible] child [illegible]

[illegible]

VI. [illegible]

[illegible]

VII. [illegible]

[illegible]

[illegible] These parents realize the child [illegible] children for association, and so [illegible] him in this new environment [illegible] help him develop physically, [illegible] and socially.

[illegible] of Written Report of Observations of Sick Child

[illegible] J. B.

[illegible] Hospital Ward.

[illegible] years.

[illegible] *of Age Level*

[illegible] Growth is rapid, especially [illegible] arms and legs. They have more [illegible] and strength than gracefulness. [illegible] average height for age—50 inches. [illegible] average weight for height—60 [illegible]

[illegible] This is known as the "Big [illegible] The children are sensitive. [illegible] advice and inquire the reasons [illegible] They ask "why" instead of [illegible] Many reach their maximum [illegible] at this age. They are able [illegible] words as pity, revenge, [illegible] They are able to detect obvious [illegible] They can point [illegible] of fables.

[illegible] Outside contacts are sought. [illegible] and although games are [illegible], there is still individual [illegible] competition present. At this [illegible] enjoy collecting, drawing, and [illegible] to be superstitious.

[illegible] J. was a patient on one of [illegible] in which there were five [illegible] besides him. There was plenty [illegible] in the room.

[illegible] for either play or [illegible] of six pennies, one nickel, [illegible] a toy automobile.

[illegible] in this ward, three men and [illegible] boy, aged fourteen.

[illegible] no group activity. Each [illegible] occupied in his own way of [illegible] time during his stay in the [illegible]

[illegible] of J.

[illegible]

[illegible] history.

[illegible] with a corneal [illegible]

[illegible] undernourished.

[illegible] very poor. Many cavi- [illegible]

[illegible] Very pale. Lips dry and [illegible]

Subcutaneous tissue: Flabby.

Muscles: Weak and undeveloped.

Shoulders: Slightly rounded forward.

Chest: Flat. Expansion poor.

Arms and legs: Legs showed healed superficial excoriations. Long bones apparently straight.

Weight: J's. weight is 51, nine pounds under for his height.

Ankles: Apparently inner and outer sides equally prominent.

Feet: Arches apparently strong.

Organismal functioning:

J. has a dull, sluggish, somewhat pitiful expression.

Tongue: Dry and coated.

Posture: Poor posture, probably due to illness, lax muscles.

Response: His response is slow.

Bodily repose: Free from constant, unnecessary activity.

Endurance: Easily tired.

Traits of child:

Use of hands: J. uses his right hand.

Speech and gesture: His speech is limited and his gestures slow and somewhat clumsy.

Emotional responses: J. responds when any attention is shown him. He lacks companionship.

Property: Careful of property of others. He has none of his own here, but, I believe, he would care for his own with consideration.

Response to other persons: Wants attention from others. Appears very lonely.

Diary Record:

4–4.05—Walked into hall. Stood by the door. Went back to bed and sat in chair. Went to end of ward and stood while man talked to him. Walked to his own bed and climbed upon it.

4.25–4.30—Played with automobile on the floor. Chased a piece of paper around the bed. Smiled at the other boy and held the automobile for him to see. Sat on the chair and held the pennies. Dropped a penny. Got on the floor and hunted carefully until penny was found.

5–5.05—Walked up and down the hall. Stood near the supervisor's desk. Pushed his glasses up on his nose when told to do so. Went to the door of the treatment room to watch the nurses. Stood by the door of his own ward. Watched children in opposite ward.

5.30–5.35—Climbed into a wheel chair when told he could play with it. Wheeled himself up and down the hall. When told

[illegible]

[illegible] Iowa [illegible]

[illegible] Library [illegible]

[illegible] Child, [illegible]

[illegible] Educa- [illegible]

[illegible] in [illegible] Macmillan [illegible]

[illegible] The Macmillan [illegible]

[illegible] Young [illegible] Sons.

[illegible] Education, [illegible] Company.

[illegible] The [illegible]

[illegible] Pre-School [illegible] Company.

[illegible] D. [illegible]

[illegible] Children, [illegible] and Co.

[illegible] and Co.

[illegible] Child, [illegible]

[illegible] His [illegible] Chil- [illegible]

[illegible] Saunders [illegible]

[illegible] T. [illegible]

PERIODICALS

[illegible] *Journal of Diseases of Children*, [illegible] by American Medical Association, [illegible] North Dearborn St., Chicago. [illegible] the American Medical Association, [illegible] by American Medical [illegible] North Dearborn St., [illegible]

[illegible] *Journal of Nursing*, Published [illegible] Journal of Nursing Company, [illegible] Ave., New York.

[illegible] *Journal of Nursing*, Published [illegible] California State Nurses' Association, [illegible] St., San Francisco.

[illegible] *Nurse*, Published by the [illegible] Organization for Public Health [illegible] Seventh Avenue, New York.

PROCEEDINGS

[illegible], *Proceedings of the South*[illegible] *Conference in Parenthood*, [illegible] Los Angeles, 192[illegible], Southern California Society for Mental Hygiene.

[illegible]

[illegible] State of California, Department of Public Health, Sacramento, California.

[illegible], Published by the American [illegible] Health Association, 370 Seventh [illegible] York.

PUBLICATIONS

U. S. Department of Labor, Children's Bureau
No. 4. *Prenatal Care.*
No. 8. *Infant Care.*
No. 30. *Child Care—the Preschool Age.*
No. 79. *Physical Standards for Working Children.*
No. 84. *Average Heights and Weights for Children under Six years of Age.*
No. 96. *The Practical Value of Scientific Study of Juvenile Delinquents.*
No. 102. *Children of Wage-earning Mothers.*
No. 111. *Infant Mortality.*
No. 135. *Habit Clinics for the Child of Preschool Age.*
No. 143. *Child Management.*
No. 164. *Posture Exercises.*
No. 166. *Children of Illegitimate Birth and Measures for Their Protection.*

Importance of Postural Guidance in the Very Young Child, by H. L. Langnecker, M.D., State of California, Department of Public Health, Bureau of Child Hygiene.

MISCELLANEOUS

Dr. V. H. Podstata, *Scheme of Inquiry Pertaining to Difficult Children*, University of California, Mental Hygiene.

Some Educational Problems[1]

MARY A. ROTHROCK, R.N.

[illegible] in nursing education [illegible] daily more complex. No [illegible] the value of [illegible] [illegible] [illegible] schools of nursing must look for staunch support if the best interests of the profession are to be served. Since all nursing is so inextricably bound up with our schools of nursing, their future is naturally to us a matter of great concern. Their weaknesses we neglect at our peril. This is logically the task, duty, and responsibility of this and similar organizations and will involve courage and independence to lead the way.

Those who are responsible for our schools of nursing are fully aware of their many defects. Apprehension aroused by many obvious failures in our schools today forms the basis for the recently [illegible] and thoughtfully prepared picture of the new *Curriculum for Schools of Nursing in Preparation* which will be presented today for your consideration, its sole objective being an assured provision of nurses capable of service in the future years. In all probability the graduate of today will be in service twenty years from now. Is there the slightest hope that she may be able to follow in the footsteps of advancing knowledge unless a considerable portion of her three years of learning be given to the fundamentals out of which this new knowledge will grow? Without this foundation the graduate is left suspended in mid-air instead of standing with both feet upon a ladder which she can climb. The methods and procedures necessary and inevitable in [illegible] will bring disaster to a profession such as ours.

---

[1] [illegible] the Pennsylvania [illegible] October 2[illegible], [illegible]

This presents a problem which today forms the very problem of nursing progress and to which we invite your active consideration, the question of economic independence for our schools of nursing. Without this we must continue to spin in a vicious circle. Altogether it seems apparent that there is no valid argument in favor of a hospital, ill prepared to conduct a school of nursing, continuing its school. Is it not time we ceased considering [illegible] and [illegible] feet (the [illegible] of [illegible], inadequate [illegible]) and, may I say, hospital Boards of Trustees, and give more earnest consideration to the type of institution privileged to conduct a school of nursing? If so, how shall the fitness for such an institution be judged? What standards and tests should be applied? If nursing is ever to come into her own, must not her schools be placed upon the same basis as other institutions of learning and be subject to the same supervision? I agree entirely with Miss [illegible] in her hope that, before Dr. [illegible] presents his report on the Grading Committee, she may be able to formulate a plan for accrediting schools of nursing [illegible], before the school is permitted to have a member of the Board of Trustees appear before an [illegible] group, giving definite reasons why their particular hospital is prepared to give women an education in nursing and to grant them a diploma.

Is it not absolutely unwise and unfair to all concerned to recommend that schools should do this and so, when the funds with which to carry on are totally inadequate or entirely lacking? Is this problem solely one for the medical and nursing professions to shoulder; since we are preparing the nurse for public service, is it not reasonable to expect the public to assume a large share of this responsibility as it does in all similar professions? Apropos of this, have we been pressing sufficiently upon the public, their obligation? We have been unstinting in our efforts to impress upon the nurse her responsibility to the public—have we in like manner been as zealous in pressing upon the public their obligation to the nurse? Do they not owe her a better preparation for the service which they expect her to render? If our schools of nursing are to be [illegible] in this [illegible] nursing is a [illegible] [illegible]

Are we [illegible] understanding [illegible]

[illegible] concerning our prob- [illegible] obligations? Have we [illegible] to our hospital [illegible] responsibility resting upon [illegible] matter of securing prop- [illegible] principals for their [illegible] and having been fortunate [illegible] secure such an one, have [illegible] sufficiently imbued with [illegible] of reposing in that [illegible] authority commensurate [illegible] responsibilities, and the far- [illegible] effects of too frequently [illegible] this important administra- [illegible] not the responsibility of the [illegible] realize the criticisms that [illegible] toward our schools today [illegible] at least a part of the [illegible] and seek a remedy? [illegible] arrived when the nurse [illegible] to pay in another form [illegible] for what she receives, in [illegible] the dignity of her profes- [illegible] be realized? Should we [illegible] the abolishment of [illegible] plan and apply the funds [illegible] to the educational ad- [illegible] of the nurse? In the [illegible] is the obligation of [illegible] schools of nursing [illegible] well organized, well [illegible] for the education [illegible] and an adequate staff [illegible] patients with the care [illegible]

[illegible] should be given [illegible] of nursing in mental [illegible] should be taken to [illegible] These [illegible] of nursing that [illegible] in which has [illegible] have been [illegible] and has [illegible] disease [illegible] Have we in any degree of satisfaction strengthened the situation of the private duty nurse? Have we given the general duty nurse the consideration needed?

In the final analysis of all our problems do we not find the greatest number pivoting around the root problem, the economic one, and can we expect to see great changes in our schools until this has been in a more definite manner relieved? This, I believe to be one of the most important responsibilities of the hospital, through the public, though it is a responsibility that is too little recognized. Unless we can give to these problems serious consideration and deduce some measure of relief, the new curriculum so earnestly intended and carefully planned will be of little help.

Nursing has accomplished almost inconceivable results, it has even greater efforts stretching before it. Nursing will exist to the end of time. Within our hands and leaning upon our strength mankind enters and leaves the world. Ours is the care in the beginning and at the end and this was yesterday, is today, and tomorrow shall be, for we are told that the country whose inhabitants shall not say "I am sick" is afar off.

Success in all our undertakings is dependent on the sympathy and coöperative spirit of the individual members. Self-standardization of the individual with her constant and continued effort to carry out in a wholehearted way the policies of the organization are vitally necessary. But it calls, too, for vision—a social vision that shall be the logical product of a wholesome and well grounded philosophy of life. To give such a vision is the major objective of nursing education.

How Intelligent Should Our Nurses Be?

[illegible]

[illegible]

[illegible] of the quality which [illegible] be predetermined quantita- [illegible], and (b) to what ex- [illegible] of a high degree [illegible] the most important [illegible] success. At least we [illegible] to determine the rela- [illegible] success on the test with [illegible] undertaking on which [illegible] embark. The highest [illegible] so far, have been found [illegible] intelligence test scores and [illegible] academic success, but [illegible] do not escape from the [illegible] factors of environmental [illegible], personality and char- [illegible], and the influence of [illegible], and desires. The [illegible] a complex one. In [illegible] the value and [illegible] intelligence tests [illegible] the best indi- [illegible] the applicants [illegible] nurses' training [illegible] and [illegible]. Although [illegible] of intelli- [illegible] training school [illegible] reported by several [illegible] evidence [illegible]

[illegible], of course, [illegible] where the [illegible] school course [illegible]

include high school graduation. We are, therefore, considering here the relation of intelligence to success in nursing only with respect to the importance of varying degrees of ability above this predetermined minimum as a differential factor in such success.

The authors gave the Otis Group Intelligence Scale to the 128 student nurses and probationers enrolled in a nurses' training school. The Thurstone Cycle Omnibus Test was likewise given, a short time previously, to the probationers and to the senior nurses. One of the most interesting aspects of the results was the fact that the average score made by the probationers was approximately twenty points above that made by any of the other three classes. (See Table I.) This is especially interesting when we consider the fact that there has been no change in the entrance requirements during the past four years, and, moreover, that the teachers and directors of the training school declare that this class does not seem above the average in any way. The average scores made by the three upper classes correspond closely to Otis's norms for average unselected adults. The median score of the probationers, however, which shows a deviation of twenty points above this level, and approximates that of the normal-school group, seems thus to indicate that they are a more selected group from the standpoint of intelligence, in spite of the evidence given that no conscious attempt was made to make a better selection and that this superiority apparently has not, so far, been reflected in their work. This condition raises many interesting questions, but before going into them let us take note of another aspect of the results of these tests that is perhaps of apparently similar significance.

In an attempt to discover a tentative minimum score, that is, a score below which successful graduation from the training school was highly improbable, the probationers' scores on the Thurstone test were compared with those of the seniors. Although, as has already been stated, the average score for the probationers was considerably higher than that for the seniors, the lower limit of the senior scores did not extend as far down as did that of the probationers'. Nevertheless, if this lowest senior score had been taken as a criterion, only two probationers would have been excluded. But, as a matter of fact, later in the year, nine of the thirty-three probationers were dropped from the training school.

TABLE I—RESULTS OF THE THURSTONE AND OTIS INTELLIGENCE TESTS IN A NURSES' TRAINING SCHOOL, WITH NORMS OF COMPARABLE GROUPS

	Thurstone Score				Otis Scores						
	Number Taking	Lowest Score	Median Score	Highest Score	Number Taking	Lowest		Median		Highest	
						Score	P.R.*	Score	P.R.	Score	P.R.
Seniors	23	33	52.5	95	19	82	5.3	130	50	179	95.1
Intermediates					52	80	4.6	133	54	176	94
Freshmen					32	80	4.6	132.5	53	191	98
Probationers	33	14	70	100	35	94	11.3	154	79	199	99
All classes in school					138	80	4.6	134.5	56	199	99

* P. R.—percentile ranking.

Median for Normal School Freshmen (Thurstone [2])—73 (approximately).
Adult Norm (Otis [3])—130.
Normal School Median (Otis [3])—157.

Of these nine, five had made the lowest scores in the class, ranking twenty-eighth to thirty-third. Two others ranked twenty-first and twenty-second, and the two remaining ones, thirteenth. This suggests that the lowest fifteen per cent of the class, at least, might have been eliminated at the time of application to the training school with no loss of good nursing material, and a considerable saving of time and expense. In terms of score, however, this procedure, had it been consistently followed in previous years, would have meant likewise the elimination of five seniors having Thurstone scores of thirty-eight or below, all of whom are about to become graduate nurses, and are considered satisfactory students by their supervisors. Here we find a further indication of the conflicting evidence presented by the results of these tests in the training school.

This discrepancy shown between the achievement of the probationers and that of the graduating senior students on the intelligence test may be explained in several ways:

1. It may be a difference of attitude. The probationers may have thought that more depended on their standing on the tests than did the seniors who knew that they were graduating shortly and that the test results

---

[2] Thurstone, L. L., "A Cycle Omnibus Test for College Students," *Journal of Educational Research*, Vol. IV.

[3] *Manual of Directions*, Otis Group Intelligence Scale, third revision.

[illegible] influence their ratings. The [illegible], therefore, may have had more [illegible] make a sincere effort to do well.

[illegible] explanation may be that the [illegible] are closest, in point of time, to [illegible] school routine and so may have [illegible] ability in handling test material.

[illegible] there may be a true difference in mental ability between the two groups.

[illegible], and this suggests itself as a [illegible], it is a possibility that the emphasis placed on discipline, routine, and obedience to orders in a nurses' training school may dull rather than foster the ability called for in these tests.

More widespread and continued testing of student nurses is the only way in which more light can be thrown on the question. It is the only way in which to discover whether the difference shown here is merely a chance difference between two groups of individuals, or whether it represents a general tendency. Furthermore, only by repeated testing of the same individuals during their progress through the training school can it be discovered whether or not this difference is significant of an actual decrease in the ability necessary for achievement on this test. If this were true, then an inquiry into the purpose, methods, and effects of the training courses for nurses would indeed become urgent. Is there a possibility that while the probationers are selected to some extent on the basis of intelligence, and are on the whole superior to the average unselected adult, in the course of learning to become nurses this ability is to a considerable degree trained out of them? Some of the qualities that [illegible] tend to produce good scores on an intelligence test, and that the disciplinary régime of the training school may inhibit and tend to stamp out, are initiative, independence of thought, and alertness of mind. If this is true, is it done deliberately and purposely? And, if so, is it wise? These questions lead us back again to those raised in the beginning, which concerned the definition of standards and ideals, and the critical evaluation of methods of achieving them.

Do we really want nurses who are capable of thinking and acting on their own initiative, or do we want those whose outstanding characteristic is the capacity for subordination and the routine carrying out of orders? Are these two qualities irreconcilable? Which do we most emphasize under the present system of training? Should this system of training be modified by a change of emphasis?

The plan outlined by the Committee on *Nursing and Nursing Education in the United States* for standardizing the training of a group of subsidiary nurses to supplement the high trained ones offers one solution for this dilemma. There would then be two distinct groups, having separate functions, each group being more homogeneous, and so capable of being more definitely characterized than is possible under the present circumstances. This would probably simplify the task of analyzing and evaluating the various characteristics which constitute the most important factors of success in each type of nursing. It would, however, be far from eliminating this necessity.

We find, further, on considering the results of the test with the whole group of student nurses, that the scores made cover the whole range of ability. In terms of percentile ranking, they extend from the fifth to the ninety-fifth percentile (see Table I) or, in other words, individuals are included who are exceeded by only one per cent of the adult population, as well as individuals who are exceeded by ninety-five per cent of the adult population. If this is at all true of student nurses in general, it certainly suggests that differences in intelligence, above the minimum standard already assumed as a requisite for graduation from high school, do not form an important factor in the qualifications for success in nursing, and that individuals considerably below the general adult norm in intelligence are not only capable of passing the nurses' training course creditably, and of becoming registered nurses, but that this is quite a usual occurrence. So that, while it may be assumed that intelligence undoubtedly is a factor in nursing qualifications, it is one whose importance is difficult to single out and measure. An attempt to determine with any degree of accuracy the most desirable level and type of intelligence to be required as a qualification for entrance into the nursing profession, will be faced with many difficulties and may prove to be of little value.

A possible hypothesis would be that differences in intelligence taken as an isolated factor, so long as the degree of intelligence remains within normal limits, do not have as much weight in determining future success in nursing as does the possession of other traits and characteristics: qualities pertaining to the physical make-up, the personality, and the acquired attitudes, interests, and desires of the individual. It is in this sense that intelligence-testing may prove to be a relatively unimportant and inefficient method of selection as compared with one in which an attempt would be made to define and measure whatever other qualities may prove to be more closely related to nursing ability. Young[4] has gathered some interesting data from this point of view, but he also stresses the need for evaluating the characteristics which he finds have some relation to success in nursing before any progress can be made toward their use as a means of selection. Whether or not intelligence as measured by these tests should be more important as a qualification for nursing, is another question, and has to do primarily with standards rather than with methods of selection. Again we find ourselves facing a complex problem for the solution of which we need not only more knowledge of actual present conditions, but a clearer definition of ultimate objectives and ideals.

These suggestions far from being the outgrowth of the results of an exhaustive study, are based on a very limited foundation, but the questions and problems that they point to, seem to be important ones, well worth considering, and for which it is urgent that answers be found if there is to be any progress in the direction of scientific selection of student nurses.

These questions might be restated as follows: What characteristics do the medical profession and the public require in a nurse? Are these requirements reasonable and progressive? What is the best method of training which will turn out nurses capable of meeting these requirements? And finally, what type of individual furnishes the best material as a foundation upon which this training is to build? These are the points upon which we must have more knowledge. The intelligence test, no more than the surgeon's knife, is a panacea, but is merely an instrument to be used for a specific purpose and with full knowledge of the conditions under which it is to be used, and of the benefits to be expected as the result of its use.

---

[4] Young, Herman H., "Intelligence Rating and Success of Nurses in Training," *Journal of Applied Psychology*, Vol. VIII, No. 4.

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

Changes at American Red Cross Headquarters

SOMEONE said, when lamenting the more or less constant changing order of things, that nothing stays "put." It is natural and probably best for all of us that things do not stay "put" for advancement and progress cannot be made without change.

The resignation of Elisabeth G. Fox from the Red Cross Headquarter's official family, of which she has been a valued member since 1918, serving as Director of the Public Health Nursing Service since 1919, brings the first break in the service for more than ten years. Miss Fox leaves the Red Cross to become Executive Director of the Visiting Nurse Association of New Haven, Connecticut, and a member of the faculty of the Yale School of Nursing. While the Red Cross loses one of its ablest officials, it was but natural that Miss Fox, with her experience and natural gifts, would be interested in any plan that offers such a wide field of interesting activities. Assisting in developing a field of practice in public health nursing for student nurses suggests alluring possibilities which in itself is vitally important and interesting. So, too, is the program of a large visiting nurse association, a field in which Miss Fox has had wide experience. Yet these alone would probably not have sufficed to draw her away from the Red Cross.

Through a cooperative arrangement with the Yale University School of Hygiene, Institute of Human Relations, and the Visiting Nurse Association, an opportunity will be afforded for study and research into certain aspects of public health nursing that have hitherto been untouched. The same qualities of mind, the same seriousness of purpose, which have characterised Miss Fox's work with the Red Cross, enabling her to build up an extensive and efficient public health nursing service, largely in rural communities, will stand her in good stead in this newer field of activity. During her régime with the Red Cross, its Public Health Nursing Service has grown from less than 100 services, under national direction, to its present size of over 600 services under Red Cross Chapter direction, employing 829 public health nurses. The adoption by the Red Cross of definite standards for work in the field of rural public health nursing has been an outstanding contribution not only in this field, but also in its reaction upon general public health nursing. The Red Cross standards in public health nursing have won universal respect and approval from state and local health departments and visiting nurse associations, as well as from the professions of nursing and medicine, individually and collectively. Within local, national, and international nursing organizations, Miss Fox has been highly regarded. Through her statesmanlike manner of dealing with important questions of organization, function, finances, and specialized education, she has rendered conspicuous service in many directions, but particularly in the field of preventive nursing. She leaves many warm friends in the Red Cross, both at National Headquarters and throughout the organization, whose good wishes go with her to her new field of service.

Our New Office Building—Its Relation to the Delano Memorial

EVER since the World War the majority of Red Cross Services and clerical workers, as well as the records of over 50,000 Red Cross nurses and chapter correspondence files, have been housed in a temporary office building in the rear of the beautiful Memorial to the Women of the Civil War which is used as National Headquarters by the American Red Cross. Gradually this office building has deteriorated and grown very shabby. Permission to construct a new office building on the same lot, recently granted by Congress, has brought a feeling of relief, as well as gratitude, to the entire staff. In recognition of the semi-official character of the Red Cross, an appropriation of $350,000 accompanied the permit. The Red Cross has appropriated an equal amount.

Red Cross nurses, as well as others, will be interested in this plan, for the erection of a new building on the west side of the lot and the removal of the old office building release a large space, opening to the south and facing the buildings occupied by the Daughters of the American Revolution, for the erection of the Delano Memorial. The grounds will be landscaped to harmonize with the Memorial, the exact character of which, while not yet definitely settled, will be carefully considered by the Memorial Committee in coöperation with the Fine Arts Committee and the architect. When completed, the large square will be adorned on the east by the Memorial to the Women of the Civil War and on the north by that to the Women of the World War (used by the District of Columbia Chapter of the Red Cross as its headquarters), and with the new office building on the west, which will conform architecturally with the two Memorial buildings, will make a suitable as well as harmonious and artistic background for a Memorial to Jane A. Delano and the 296 Red Cross nurses who died in line of duty during the World War.

Clara Barton Flag Given to Red Cross Museum

THE first American Red Cross flag believed ever to have been made, the handiwork of Clara Barton, founder of the society, and of Mrs. Julia Babcock Hibbard, formerly of Washington, was presented recently to John Barton Payne, Chairman, by Mrs. Lowell Fletcher Hobart, President General of the Daughters of the American Revolution.

The flag was entrusted to the Daughters of the American Revolution for its museum by Mrs. A. Emerson Babcock of Rochester, New York, niece of Mrs. Hibbard. The D. A. R. Board decided that the flag properly belonged to the Red Cross Museum to be placed among historic relics of the Red Cross. The flag is fifty-five by ninety-five inches, and in fine condition.

Items of Interest

JANE C. SMITH, a member of the Red Cross Nursing Service, returning her questionnaire for this year, sends some interesting "bits" about her work as Missionary in Cairo, Egypt. In a postscript she writes:

> If you know of anyone visiting Egypt this year, or later, won't you please let me know? I should love to meet them and might be able to help them.

Miss Smith can be reached at 9 Sharia Massoud, Abbassia. We have not heard of any nurses or others who are visiting Egypt, but, from experience in other countries, we have good reason to remember what a wonderful help it has been to receive assistance and advice of some one who has lived in the country, while the visitor from home brings to her a new interest and many times helps to allay the inevitable pangs of homesickness. We gladly pass on Miss Smith's invitation to nurses who may be planning a trip to Egypt.

* * *

From letters that are reaching us at National Headquarters we draw the conclusion that a good many of the state nurses' associations have designated their official delegates to the Annual Convention of the American Red Cross which begins May 5th, and continues through the 8th. We are looking forward with a great deal of pleasure to receiving these delegates, as well as visitors. The program which has been completed sounds very promising, as well as interesting. The President of the United States, who is also the President of the American Red Cross, will open the convention. Luncheons, dinners, drives, etc., are being arranged for the entertainment of the guests. Those associations that have not sent the names of their official nurse delegates are urged to do so as promptly as possible.

Enrollments Annulled

THE enrollments of the following American Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Anna Taylor; Ruth B. Taylor; Cornelia Merritt Thomas; Mrs. R. F. Thomas, *née* Florence Belle Taylor; Mrs. Earle J. Thomas, *née* Kathryn MacGregor; Mrs. Marie Naomi Thomas, *née* Shriver; Laura Thompson; Mrs. O. S. Thompson, *née* Margaret Ellen Hollar; Kathryn Tiernan; Mrs. C. W. Tittle, *née* Muriel Celeste Knupp; Mrs. William L. Trennery, *née* Elizabeth Murray; Mrs. J. F. Tucker, *née* Edith Catherine Anderson; Mrs. Edward Tucker, *née* Florence Cornes; Catherine Mary Tully; Gretchen Gladys Utter; Mrs. John A. Van Hoosen, *née* Florence Ruth Baker; Ethel Mae Verble; Mrs. Harry Wadsworth, *née* Myrtle Hafer; Mrs. Willis Wahl, *née* Olive B. Dressel; Sara Alice Wanless; Mrs. E. E. Walborn, *née* Olive Elizabeth Mudge; Eunice B. Walker; Winnifred K. Warren; Pearl Laura Watson; Mrs. Harrly L. Weaver, *née* Sara Agnes Sutton; Elsie L. Weeks; Mrs. Hasel E. Wertheimer, *née* Sanor; Mrs. Clyde Whaley, *née* Kathryn Helena Brothers; Mrs. G. W. Whitchurch, *née* Grace McClelland; Hasel M. Whitemore; Vera Elizabeth Whitlock; Mrs. Flora Belle Wigton; Mrs. Paul Wilcox, formerly Mrs. Lena J. Green; Mrs. George M. Wilcox, *née* Ruth M. Tavender; Mrs. Ada Griffith Williames; Pearl Williams; Laura May Wilson; Mary Jane Wolfe; and Mrs. Augusta Condon.

The Child's Bill of Rights

THE ideal to which we should strive is that there shall be no child in America:

That has not been born under proper conditions.
That does not live in hygienic surroundings.
That ever suffers from undernourishment.
That does not have prompt and efficient medical attention and inspection.
That does not receive primary instruction in the elements of hygiene and good health.
That has not the complete birthright of a sound mind in a sound body.
That has not the encouragement to express in fullest measure the spirit within which is the final endowment of every human being. — *Herbert Hoover.*

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 300 words; anonymous letters are not considered.

When Doctors Disagree—?

THERE is plenty of evidence that the treponema may be excreted in the mother's milk. Inoculation experiments with milk have been positive on numerous occasions in experimental animals. Before the days of the Wassermann reaction, wet nurses were, of course, a common source of infantile infection although this involves direct contact of the baby with the breast. So far as I know, there is no evidence that women who supply milk stations may give rise to infection by indirect contact, especially when the milk is pasteurized. Were I attempting to feed an infant of my own, however, I should certainly be careful to see that the milk came from a Wassermann negative woman.

M. D.

In the February issue of the *Journal* the question was asked, "Is there any danger that the milk of a syphilitic woman may infect a non-syphilitic child, or that the disease may be transmitted by wet nurses or by the women who supply milk stations?" The question was answered in the negative by an authority in the subject; however, the following from Rosenau's *Preventive Medicine and Hygiene* (Appleton, 1927, page [illegible]) may be of interest to *Journal* readers: "The milk of a syphilitic woman must be regarded as infectious, since it is well known that a syphilitic wet nurse without lesions will almost surely infect a healthy child; the spirochetes, therefore, appear to be transmitted in the milk."

Who Can Offer a Solution?

IT seems to me it would be a wonderful thing for the *American Journal of Nursing* to take up a discussion of what is to become of the older nurses who have all their faculties, such as hearing, sight, a clear brain, and a good pair of legs to walk on. Although we were the pioneers in the nursing field, there does not seem to be any place for us, that is, if sixty is really old. Still having all my faculties, I applied to a certain registry for hourly nursing. I was informed by the Registrar, in the most tactless way, "You are too old; we do not keep any more of the older nurses on the registry." This I found only too true. Meeting a fellow-nurse, she informed me she had been turned down for the same reason. This nurse was forty-five.

When is a nurse too old to practice? They simply cannot all have sufficient money saved, if they have had to depend on their earnings alone, for when I began nursing the pay was small. There is something wrong when a registry cannot take care of all ages on their files. And the nursing field is wide enough to have work for all if properly organized. Can anyone suggest work for nurses from fifty to seventy years of age?

New York. A. C.

Icelandic Nurses in Foreign Countries

ICELANDIC nurses desiring positions in the new State Hospital of Iceland, to be opened in Reykjavik in the autumn of 1930, are requested to send their applications to the Icelandic Nurses' Association, from which further particulars may be obtained.

(Mrs.) Sigridur Thorvaldsson,
President of the Icelandic Nurses' Association.
14, Tjarnargata, Reykjavik, Iceland.

The Millennial Anniversary of the Foundation of the Icelandic Parliament

NURSES who may be visiting Iceland on the occasion of the celebration of the Thousandth Anniversary of the foundation of the Parliament of Iceland, June 1930, will be welcomed by the Icelandic Nurses' Association, which will be glad to assist them in every way to make their stay there as interesting as possible. Please write to Mrs. Sigridur Thorvaldsson, President of the Icelandic Nurses' Association, 14, Tjarnargata, Reykjavik, Iceland.

In commemoration of [illegible] June 19, 1915, of women's suffrage in Iceland, the Icelandic women [illegible] a state hospital [illegible] in Iceland as well as [illegible]. The fund has been generously contributed to [illegible] been subsidized by the Government [illegible] the hospital will be ready for use [illegible] the millennial festivities. Hitherto [illegible] Icelandic nurses have taken part of their training in the various hospitals in Iceland [illegible] the rest has been taken in hospitals in Denmark and Norway, as Icelandic [illegible] have not offered sufficient practical experience. The Icelandic Nurses' Association [illegible] advising on all the arrangements [illegible] to the nursing service of the new [illegible], and have had some difficulty in [illegible] a three years' course accepted, [illegible] the more prominent citizens feeling that [illegible] could not afford to provide more than [illegible] training for its nurses.

The early history of the Parliament of Iceland ([illegible]) is known from the famous collection of Icelandic poems, the "Eddas."

A Student Club

MISS LAW, Missouri State Inspector of Training Schools, has suggested that I write you of our Nightingale Club, which was organized in March, 1926, with twenty-two student nurses, and now has fifty-two and several applications for membership. Our name is for Florence Nightingale, and we use Robert's parliamentary rules. We meet the first and third Monday nights of each month in the nurses' living room. The object is educational and social. Active membership is composed of the student body, though graduates may become honorary members. A student nurse will always be considered a member, though she passes from active to honorary with her graduation from the school. The club has furnished a patient's room at a cost of [illegible], and their living room at a cost of $1[illegible]. The club has given a vase shower to the hospital and several other small donations. A reserve is always held in the bank for an emergency. We give at least one picnic during the summer, an annual costume Hallowe'en party, a Christmas program, and a banquet for the graduating class in May of each year. We remember doctors and relatives of nurses with flowers in time of illness or affliction. With dues only ten cents a month, for each member, you will wonder how we do all this, but we do, although we [illegible] at times, too, how we will accomplish [illegible] undertake.

MRS. HARRY E. MOODY,
Club Sponsor.

Missouri.

Growth at St. Luke's, Davenport, Iowa[1]

WE have accomplished a few minor things which I am sure will please you. First, we have discontinued our student allowance. We give, or provide, all uniforms, including school caps and four pairs of shoes each year; all textbooks are provided for each class, in addition to reference books. Three copies of the *American Journal of Nursing* are placed in the library each month. Second, we were able to arrange an affiliation for pediatrics. Third, I have been able to add another graduate supervisor to our staff.

Our first floor is medical; second, surgical; third, obstetrical; fourth, eye, ear, nose and throat; and fifth fracture. Every department is supervised by a graduate. French Hall, the nurses' residence, grows prettier day by day, the students enjoy their music room and every space is used.

I. CRAIG-ANDERSON,
Superintendent.

Information Desired

INFORMATION is desired concerning the names and, if possible, present addresses of nurses, both graduate and practical, who served at the Washington Hospital for Foundlings during the months of February and March, 1896. This information is desired solely in order to establish the identity of a most reputable young man.

MOHUN AND ELLIOTT,
Transportation Building, Washington, D. C.

Englewood Nurses, Please Note

WILL all graduates of Englewood Hospital, Chicago, Ill., please communicate with the Superintendent of Nurses as to their present location and occupation?

M. R. HINEMAN.

Too Many Nurses

NURSES who are contemplating coming to Fort Worth, Texas, we are sure will be glad to know, before they spend their time and money, that there is not work for nurses who are here, and has not been for many months.

MAUD MARTIN,
Corresponding Secretary, District 3.

Texas.

---

[1] Excerpts from a personal letter, published by permission of the writer.

AT the last meeting of District 2, Tucson, it was decided unanimously by the nurses doing private duty that steps be taken to notify visiting nurses of the serious problem of unemployment for nurses here. This information may save them considerable money.

L. Evelyn Schmidt,
Arizona. *Secretary.*

Oregon Law Compulsory

OREGON nurses wish to call attention to clauses in the laws governing nursing in that state which read:

"It shall be unlawful hereafter for any person to practice or attempt to practice nursing in this state as a trained, graduate or registered nurse without a certificate from the board. Any person who has received his or her certificate according to the provisions of this act shall be known as a registered nurse and shall be entitled to append the letters 'R.N.' to the name of such person. No other person shall assume or use such title or the abbreviation 'R.N.' or any such words, letters or figures to indicate that such person is a trained, graduate or registered nurse, or otherwise represent himself or herself as licensed, authorized or entitled to practice nursing in the state of Oregon as a trained, graduate or registered nurse.

"Every person holding a certificate from the board of examination and registration of graduate nurses shall renew annually his or her registration with said board and every registered nurse who desires to retain his or her registration in the state of Oregon shall, annually, after the expiration of the first year's registration and on or before the first day of July of each year succeeding, file an application for renewal with the board and pay a fee of one dollar ($1), for which a renewal certificate shall be issued by the board. A penalty of one dollar ($1) shall be added to the renewal fee of every registered nurse who fails to comply with this provision within sixty (60) days from and after the first day of July of each year, and if said renewal fee is not paid with all penalties due thereon before the first day of January following, thereafter the certificates of all registered nurses failing to comply with the provisions heretofore named shall be canceled, and such certificates may only be renewed thereafter upon written application to the board and the payment of a fee of ten dollars ($10)

A Correction

IN the March *Journal*, page 302, in a report of the annual meeting of the Central District of Maine, it was stated that the meeting was presided over by Nora Rowell. Margaret L. Pearson presided; Miss Rowell is secretary. Miss Pearson was elected president at that meeting.

Journals *Wanted*

RUTH E. MASON, Chief Instructor, Training School for Nurses, University Hospital, Parnassus and Third Avenues, San Francisco, wishes to secure copies of the *Journal* for October, 1900, through December, 1901. She will pay for the magazines and for the cost of shipment.

Hilda M. Torrop, Superintendent Winchester Hospital, Winchester, Mass., wishes to purchase a complete set of the *Journal*, from 1900 on.

M. Barbara Anderson, Instructor, Butler Hospital, Providence, R. I., wishes to obtain copies of the *Journal* before 1913.

Journals *Wanted and on Hand*

BERTHA I. BAUMGARTNER, Superintendent, School of Nursing, Halstead, Kans., will pay 25 cents a copy for the following: 1912, June; 1913, September; 1914, January; 1915, March, June, September; 1919, January; 1920, September. She has the following *Journals* on hand: 1916, June; 1917, July; 1918, May, July, August; 1919, March, April, July, August, September; 1921, all except April, November and December.

Journals *on Hand*

MRS. CHARLOTTE HEILMAN, Care American Red Cross, 393 Madison Avenue, New York, has a complete set of the *Journal* for 1929 which she will send to anyone who will pay the postage.

Margaret Clarke, Waterville, N. C., has copies of the *Journal* for September, October and December, 1928, and January through May and September, 1929, which she will send to anyone sending postage.

Miss Nelle Smallwood, 1217 E. Preston Street, Baltimore, Md., has copies of the *Journal* which she will give away for the postage: 1925, except January, February, April; 1926, except June; 1927, except February and March; 1928, except August; 1929, complete.

Maternity Center of Brooklyn, 43 Livingston Street, Brooklyn, N. Y., has copies of the *Journal* for 1928, complete, and odd numbers of 1929 to give away.

Student Nurses' Page

Avertin[1]

GARNETTE NESTER

Church Home and Infirmary School
for Nurses, Baltimore, Md.

AVERTIN, advocated by Eichholtz, is a crystalline salt which is soluble at a temperature of 98.6 degrees F. up to 3 per cent, and is easily absorbed by the mucous membrane. From a practical standpoint one must know that this substance, above 122 degrees F. and also under the influence of light or air, easily disintegrates and that some of the disintegration products are severe irritant poisons. As a result of this one must adhere strictly to the directions for preparation of solutions for rectal injections. At no time should the temperature be above 105 degrees F. A watery solution, freshly prepared, which is easily tested may be used as a standard. Avertin in lower dosage is hypnotic and in higher dosage it is narcotic. It is eliminated from the body by the kidneys.

Avertin has found exclusive application as a rectal anesthetic. It is a surgical narcotic, introduced to eliminate the psychic element and produce a so called "basal anesthesia." It is not intended that avertin should be used alone to produce complete anesthesia.

The preoperative preparation is the customary cleansing enema the evening before operation. It has been recommended that rectal irrigation be avoided immediately before the administration of avertin solution as the fluid which remains in the bowel may retard absorption. About one-half hour before the anesthetic, a hypodermic injection of morphia 1/6 to 1/4 grains is generally ordered.

The necessary amount of avertin is calculated according to the weight of the patient, 80 to 100 mg. per kilogram body weight. It is dissolved in a sufficient quantity of distilled water to make a 3 per cent solution.

In preparing the avertin solution it is necessary to follow the directions implicitly so as to avoid complications. The temperature is a most important factor. If the solution is allowed to cool, crystallization of the avertin takes place and renders it unfit for use. The following test should be made immediately before administration when the 3 per cent avertin solution is ready for use. Place 3 cc. of this solution in a test tube and add two drops of Congo-red solution 1–1000. The resulting color of this mixture should be clear orange red, change of color to blue shows the presence of free hydrobromic acid, and therefore indicates a decomposed solution.

---

[1] Presented in connection with a demonstration at the annual meeting of the Maryland State League of Nursing Education, Baltimore.

The mode of administration which is advised is a slow rectal injection. Usually the patient becomes drowsy and falls to sleep within from two or three to fifteen minutes. The average duration of the anesthesia, with 100 mg. avertin per kilo body weight, possibly supplemented with a small amount of ether, is about one and one-half to two hours.

Immediately after regaining consciousness most patients fall into an agreeable sleep during which postoperative pain is not experienced. Vomiting, so common and distressing after ether, is practically absent in avertin basal anesthesia.

The respiratory center is practically uninfluenced by a dose of avertin sufficient to induce anesthesia. The blood pressure is affected far more frequently. Dr. S. Griffith Davis has found that after a dose of avertin a case of hypertension may drop as much as 100 points while a normal blood pressure is rarely changed.

Avertin has been used in practically all types of operations. It has been found especially useful in cases of convulsions caused by brain tumor, eclampsia and tetanus. The observations in the surgery of children are much like those witnessed in adults. The only difference is that children in general do not respond as well to the proportional adult dose.

Diseases of the liver must be regarded as contraindications, also renal disease, acidosis, extreme anemia, and advanced pulmonary tuberculosis.

One of the effects noticed in early clinical tests was irritation and injury of the intestine. It was shown, however, that this was not due to the avertin itself but to its by-product, the extremely irritating dibromacetaldehyde, which resulted when the solution was excessively heated. When the directions for the preparation of the solution were strictly followed intestinal irritation did not occur. Death occurring from acute avertin poisoning is due to marked lowering of the blood pressure until the heart ceases to function.

References

"Laboratory Data" from the Research Department of the Winthrop Chemical Company.

Researches in Anesthesia and Analgesia—the official organ of the International Anesthesia Research Society. Volume 8, Number 1.

"Recent Progress in Anesthetics in Germany," by Hans Killian, M.D., Freiburg, Germany.

"Inhalation or Injection Narcosis?" by O. Helmut Schmidt, M.D., Hamburg, Germany.

These papers were read in Minneapolis at the Seventh Annual Convention of Anesthetists of the United States and Canada in joint meeting with the International Anesthesia Research Societies.

Training of Nurses

THE paramount necessity is to separate the training school organization from that of the hospital. At present there is neither separate financial provision for the training school nor separate administrative authority. Consequently the interests of the training school are not properly regarded, and these [illegible] to the needs of the hospital. This is in marked contrast to the medical schools, which have their own finances and organization. The time has come when the probationer should be looked upon as a student and not as a source of cheap labor for the hospital [illegible]. The [illegible] of each week of [illegible] should be given over to [illegible] in the [illegible] training and the [illegible] staff should be properly [illegible]. [illegible] the [illegible] over to the study and practice of her profession.—From "The Labour Party and the Nursing Profession," report of a conference held in London, in January, 1927.

Questions

Will you please state how the states reciprocate? What states require State Board before accepting an outsider? Do California, Colorado, and New York reciprocate with Kansas?

In each of our forty-eight states we have what is called a Registration Law, or Nurse Practice Act. States have many things in common, but reciprocity between states does not exist in every instance.

There are four outstanding requirements which may determine the ability of a nurse to register in a given state. They are:

1. Recognition of a given school in a given state.

   The state of New York does not reciprocate with any state, but requires that the school of nursing, no matter in what state it may be located, must be registered by the Regents of the University of the state of New York before the graduates of that school are eligible for registration in the state of New York.

2. Meeting minimum state requirements.

   Some of the states have based their decision to establish reciprocity with a second state, upon the ability of the second state to meet the minimum requirements for accredited schools of nursing and registration of nurses, as outlined in the laws and the board rulings of the first state.

3. Meeting individual requirements.

   In some instances, states have based their decision to grant reciprocity with a second state upon the individual qualifications of the nurse seeking registration by reciprocity from that state.

4. Meeting special requirements, such as [illegible] a person an honorable discharge from the Army or Navy.

Therefore, if you wish to learn whether you are eligible for registration in a given state, the [illegible] for you to follow is to write to the secretary of the state board of nurse examiners of the state in which you desire to register and inquire whether you are eligible for registration in that particular state, also whether you are eligible for registration by reciprocity. You will find the names and addresses of the secretaries of state boards of nurse examiners listed in each number of the *American Journal of Nursing*, in the section marked "Official Directory."

When writing, it is advisable to give the secretary the following information:

Your name and address.
Name and address of the school of nursing from which you are graduated.
Length of course in the school from which you graduated.
Date of graduation.
States in which you are registered.
Date and number of registration in each state.
How you are registered in each state; that is, by waiver, reciprocity, examination, or special provision, such as holding honorary discharge from the Army or Navy.

All of these factors may have a direct bearing upon your ability to register in the second state.

ALMA H. SCOTT,
Assistant Director, A. N. A.

Please give diet for typhoid which would be safe to give a patient suffering from diabetes.

A typhoid diet should be a high caloric one, and if the diabetic patient has a high blood sugar insulin would be ordered to take care of the carbohydrate.

The diet should be composed of milk, cream, cereals, cheese, chicken, and chopped meat with any of the 5 per cent vegetables.

Please give diet for a patient suffering from colitis with ulcers, in addition to a bad case of diabetes.

A colitis diet should contain no roughage; all vegetables should be pureed, and milk, custards, junket, and soft eggs may be given. If the blood sugar is high, insulin would undoubtedly be ordered to take care of the carbohydrate.

BERTHA M. WOOD.

Abstracts

Sodium Amytal: A. R. Robbins, M.D., and others. From the Medical Research Department of the Indianapolis City Hospital and the Department of Obstetrics of the Indiana University Medical School: The Use of Sodium Iso-amylethyl Barbiturate (Sodium Amytal) in Obstetrics. (*The American Journal of Obstetrics and Gynecology*, September, 1929.)

Sodium amytal has been used in more than 100 cases in our series. It has been administered in all stages of labor, orally, intramuscularly, intravenously, and rectally. It has been our desire to abolish the pain of labor, or at least the remembrance of it.

We found very little slowing, if any, in the progress of labor. We had an apparent temporary delay in four cases, the longest being one hour. Uterine powers were impaired little, if any; however, voluntary powers in the first stage of labor were markedly diminished and the patient, at times, was unresponsive to uterine contraction. Voluntary powers in the second stage may be affected, but not to any marked degree and not over thirty minutes.

Fetal heart rates showed an average change of ten, the greatest variation being thirty; and the least, five per minute. The size of the dose bore no relation to the degree of variation. The fetal heart rate varied widely during labor over very short periods of time so that these variations were all within normal limits.

In most of the cases reported, the intravenous method of administering the drug was used. By this method we were better able to control the dosage and to make accurate observations. Also, the effects of the drug were rapidly obtained.

As a preliminary report, we feel justified in drawing the following conclusions: (1) The most serious objection to the use of sodium amytal as an analgesic was the difficulty in controlling the patients who became very restless. (2) This drug has the advantage of being rapid in its action and of having a wide range of safe dosage. (3) There has been no evidence of harm to the mother. (4) Labor is probably not delayed. (5) Labor may be rendered practically painless. (6) Obstetric operative procedures are much more easily carried out under ordinary anesthesia when the operation is preceded by sodium amytal. (7) Danger to the baby has not been proved. (8) Prompt and complete control of eclamptic convulsions is possible. (9) As a general anesthetic agent for cesarean sections and other obstetric operations and especially for patients having tuberculosis or toxemia of pregnancy, sodium amytal bids fair to supplant the inhalation anesthetics.

Sodium Amytal: Mabel B. Kast, M.D. Sodium Amytal as an Anesthetic. (The *Indianapolis Medical Journal*, April, 1929.)

Interest in a new anesthetic, although we have so many at the present time that there would hardly seem to be a place for one more, is still strong enough to bring out the fact that we have not, as yet, one ideal anesthetic for every surgical procedure. Dr. Kast reports a series comprising thirty-five different kinds of operative work, the greater proportion being thyroidectomy, and next to that, mastoid operation. In the majority of the cases the sodium amytal was not relied upon for the entire anesthesia, morphin, local anesthesia, nitrous oxide and ether being combined with it, to produce full operative anesthesia. After a description of the method, which is simply, a very careful intravenous injection of sodium amytal, she takes up the disadvantages and the advantages of this anesthetic. The advantages seem to be quite identical with those of scopolamin-morphin, but the disadvantages of sodium amytal, which she notes, are quite removed from scopolamin-morphin anesthesia, and in this way make a difference in favor of the latter.

Conclusions

Disadvantages:

1. Difficulty in getting into veins.
2. Slough at site of injection, injury to nerves during administration.
3. Difficult to combat depression with faulty administration.
4. Prolonged sleep requiring constant nurse vigilance.
5. Blood pressure drops.

[illegible]:

1. [illegible] may go to sleep in bed, in own [illegible] and naturally.
2. Awakens in bed in own room.
3. No nausea or emesis, even when ether has been used.
4. Gas anesthesia facilitated, making it possible to use gas more generally than before.
5. Many cases require no anesthetic agent in addition for certain operations.
6. [illegible] postoperative requirement for narcotics.
7. [illegible] adjuvant to general anesthetic agents.

Discussion of Basis for Diagnosis of Gout and "Presumptive" Gout: P. S. Hench, M.D. *Proceedings of the Staff Meetings of the Mayo Clinic*, December 11, 1929.

We know so little about gout that even definitions are difficult to make. It is generally defined as a constitutional disease affecting joints and associated with alterations in purine metabolism. Some textbooks define it as "a disease of metabolism associated with an increase in blood uric acid . . ." thereby implying that unless there is an increase of blood uric acid the diagnosis cannot be made. Since the work of Garrod and of Folin, it is the custom to accept statistics on gout only if the patients in cases so diagnosed have (1) increased blood uric acid, (2) tophi, or (3) so-called characteristic punched-out areas in the roentgenogram, and only if they give a history of attacks of acute arthritis, preferably in the great toes. Since the War and the advent of prohibition, many feel that gout is becoming rare in America. We feel that the rarity, at least in diagnosis, is partly due to national prohibition, and partly due to lack of the proper basis of suspicion. The disease is less often expected or suspected.

Blood Transfusion and Syphilis: Henri Dufour. (*Bull. et mém. Soc. méd. d. hôp.* Paris, 1929, XLV, 3rd ser., 511.)

A young woman who developed marked anemia during a second pregnancy was given a blood transfusion in July, 1929. Neither her husband nor she had syphilis, and the Wassermann reaction had been negative before transfusion. Two months and a half later the woman developed a rash. Soon the Wassermann reaction became positive. Neoarsphenamine and bismuth rendered the reaction negative and the rash disappeared.

[illegible] reports a case of blood transfusion in [illegible] woman who developed typical [illegible] a positive Wassermann reaction [illegible] weeks. The transfusion constituted an emergency, and later it was found that the donor was undoubtedly syphilitic and had a positive Wassermann reaction.

Serum Disease and Serum Accidents: G. M. MacKenzie, M.D., and Franklin M. Hanger, M.D. (*Journal of the American Medical Association*, January 25, 1930.)

. . . In this paper the term serum disease or serum sickness refers to the clinical and immunologic phenomena which occur in an indivudal who, prior to the administration of the serum, is not hypersensitive to the foreign serum administered. It is the usual, or perhaps one might say the normal, response of man to the parenteral introduction of foreign serum. Serum accidents, on the other hand, are the sudden, often alarming or even fatal, reactions of individuals who are hypersensitive to the serum employed. . . . Since it is an almost universal custom to use the horse for the production of antiserums, the problem is confined to a consideration of the differences in response to horse serum of the hypersensitive and the non-sensitive individuals. The specific antitoxic, opsonic, lytic or agglutinating properties of the serum do not enter into the problem of serum disease and serum accidents. . . . It should be clearly understood that . . . concentrated serums still contain horse serum proteins capable of causing all types of serum reactions. . . .

Numerous factors doubtless influence the incidence of serum disease to a slight extent. Differences in individual susceptibility are apparent. . . . North American Indians and negroes appear to have a relatively low susceptibility compared to that of the white race . . . the serum from some horses causes more serum disease or more severe symptoms than the serum of other horses. The one factor, however, which determines the incidence of serum disease more than anything else is the quantity administered. . . . When such small amounts as are commonly used to immunize with diphtheria antitoxin are employed, a large percentage of patients have no obvious manifestations of serum disease; but when, as in the use of antipneumococcus type I serum, quantities of from 100 cc. to 1,000 cc. or more are injected, a very small percentage of patients escape at least some distinct evidence of serum disease. . . Individuals treated with serum for the first time usually have an incubation period of from six to twelve days before the onset of the symptoms of serum disease. . . It is well established that a serum injection weeks or months or years before the second injection is very apt to cause a shortening of the incubation period.

. . . . [illegible] . . .

. . . [illegible] . . .

[illegible]

[illegible] . . . to [illegible] . . .

[illegible] tragic [illegible] (1) [illegible] (2) the [illegible]

A [illegible] of [illegible] should [illegible] . . .

. . . . [illegible] previous [illegible] test. The [illegible] . . . [illegible] the skin [illegible] alcohol . . . [illegible] dilution [illegible] human [illegible] If at [illegible] of [illegible] reaction [illegible] the [illegible] similar way. . . . [illegible] absent, [illegible] as [illegible]

[illegible] with a [illegible]

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

MEMBERSHIP

Congratulations, state associations and districts and all other parts of the nurses' official organization. Membership in the American Nurses' Association for 1930 has reached the total of [illegible]. The net increase in membership is [illegible] for the year.

BULLETIN

The monthly *Bulletin*, issued from A. N. A. Headquarters, was begun a year ago in its present form. It proved so successful a means of reaching the nurses of the country through their state bulletins and similar agencies, that the Board of Directors allocated funds this year for a considerable increase in its distribution.

Beginning with the March issue, therefore, the mailing list was enlarged to include national officers and state presidents, accredited schools of nursing, official registries, state nursing publications, national health publications, [illegible] libraries, and a selected list of [illegible], a total of 2,104.

[illegible] of the issues being taken considered [illegible] to be of practical [illegible] the constituency. Eighty-four [illegible] cannot be reached individually [illegible] the limited budget upon which [illegible] and the work of the national [illegible]. But the nurses can be [illegible] their own centers. All [illegible] cooperation, and assurances of [illegible] have been reaching Headquarters constantly during the past few weeks, describing how the March *Bulletin* has been placed on a library table or a bulletin board, or how it has been read at an alumnae or district meeting.

INSTITUTE FOR STATE EXECUTIVE SECRETARIES

Also designed to be of practical helpfulness was the Institute for Executive Secretaries held March 17–22 at A. N. A. Headquarters in New York City. Discussions, held every morning, centered on problems common to States Headquarters' offices and to programs and objectives. In the afternoons, the executive secretaries visited allied agencies and groups to learn in what ways closer working relationships could be established.

Mrs. Elizabeth P. August was chairman of the Monday morning meeting, at which the purpose of the institute was defined, followed by talks on "The American Nurses' Association, Its Obligations, Programs and Methods." "Administrative Needs and Methods" was the subject Tuesday morning, Margaret Stack presiding. Arabella Creech described budgeting principles, and members of the Headquarters' staff led discussions on bookkeeping principles and office management.

Janet M. Geister, Headquarters' Director, led the discussion Wednesday morning on program building: first, program for the organization and, second, programs for conventions. Caroline Rankiellour was chairman at this session, the second topic of which was "Publicity Principles and Methods."

Thursday morning was of particular interest to the state executive secretaries because on that day state and interstate problems were discussed. Esther Entriken presided at this time and presented a paper on "Transfers," the ensuing discussion being led by Helene G. Lee. "Relations of State Headquarters to Board of Nurse Examiners," was the important subject presented by Eugenia Kennedy, and discussed by Linna H. Denny. The final topic of the morning was "Problems of Maintaining Membership Rolls," presented by Emily J. Hicks, and discussed under the leadership of Mary P. Laxton.

"Group Nursing" and "Registries" were

the topics Friday morning. Sarah F. Martin was chairman of this session; Eleanor Hamilton talked on group nursing; and papers were presented as follows: "Alternate Hourly and Hospital Systems of Group Nursing," Eleanor Gallup; "Some Practical Problems in Operating Hourly Nursing," Mary E. [illegible], discussion led by [illegible] F. [illegible]; "Hourly Nursing, a Discussion of Tentative Standards for Hourly Nursing," led by Olive Sewall.

Social events for the assembly members included a tea, March 18, given by the New York State Nurses Association, through its Board of Directors; a luncheon, March 19, by the *American Journal of Nursing*, through its editors; and a tea, March 20, by the Henry Street Nursing Service. Among the organizations visited by the members were the National League of Nursing Education, the National Organization for Public Health Nursing, other organizations comprising the National Health Council, the Committee on the Grading of Nursing Schools, the Medical Center, Teachers College, and Cornell Clinic.

Report of the Nominating Committee, 1930

For President: Jane Van De Vrede, Georgia; Mary E. Gladwin, Ohio.

For First Vice President: Elnora E. Thomson, Oregon; Genevieve M. Clifford, New York.

For Second Vice President: Julia Tebo, Louisiana; Jessie Turnbull, Pennsylvania; Mabel Dunlap, Illinois.

For Secretary: Susan C. Francis, Pennsylvania; Clothilde A. Wheeler, Missouri.

For Treasurer: Jessie E. Catton, Massachusetts; Shirley C. Titus, Michigan; Mary L. [illegible], Iowa; A. L. Dietrich, Texas.

For Directors (three to be elected): S. Lillian Clayton, Pennsylvania; Adda Eldredge, Wisconsin; Clara D. Noyes, District of Columbia; Anne A. Williamson, California; Alta E. Dines, New York; Virginia [illegible], Kentucky.

Forty-four states reported; forty-three ballots counted; one ballot rejected for lack of signature.

(Signed) Grace Phelps, Oregon, Chairman.
Anne L. Hansen, New York.
[illegible] C. [illegible], Kentucky.
[illegible] G. [illegible], Michigan.
[illegible] S. [illegible], Pennsylvania.

Amendments to the By-Laws

Proposed amendments to the by-laws of the American Nurses' Association, to be voted upon at the biennial convention in Milwaukee, are as follows. The changes are printed in italics.

ARTICLE I—MEMBERSHIP

Section 1. Membership in this Association shall consist of the active individual members in good standing in the state associations belonging to it, such members of the state associations being registered nurses, graduates of training schools connected with general hospitals giving a continuous training in a hospital of not less than two years, or giving an equivalent training in one or more hospitals. This training must include practical experience in caring for men, women and children, together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing. (*The training for men nurses must include practical experience in caring for men, together with theoretical and practical instruction in medical, surgical and urological nursing.*) The daily average number of patients shall be that established by the State Nurses' Association in the state from which the applicant comes, for admission to membership.

Sec. 2. An organization desiring to join this Association shall make application on a blank form furnished by this Association and shall send with it a copy of its constitution and by-laws. Such application and constitution and by-laws shall be presented to the chairman of the Membership Committee.

Sec. 3. Honorary membership may be conferred by a unanimous vote at any biennial convention, on persons who have rendered distinguished service or valuable assistance to the nursing profession, the name having been recommended by the Board of Directors. Honorary membership shall not be conferred on more than two persons at any biennial convention.

Sec. 4. A member in good standing in any State Association who changes her residence to another state [illegible] by the secretary of the State Association [illegible] the State Association [illegible]

Sec. 5. Any [illegible]

ARTICLE II—OFFICERS

[illegible] 1. The officers of this Association [illegible] President, a First Vice President, a [illegible] President, a Secretary, a Treas- [illegible] Directors. These eleven with [illegible] of the National League of [illegible] and the President of the [illegible] Organization for Public Health [illegible] constitute a Board of Directors.

[illegible] *The Chairman of the National Committee on Red Cross Nursing Service shall be an [illegible] member of the Board of Directors.*)

ARTICLE III—ELECTIONS

No change.

ARTICLE IV—DUTIES OF OFFICERS

Section 1. The President shall be chairman of the Board of Directors, and Advisory Council, and an ex-officio member of all committees.

[illegible] *The Vice Presidents, in order, shall preside at all meetings in the absence of the President and in case of a vacancy occurring in the office of President, shall assume the duties of President until the office be filled as herein provided.*)

[illegible] The Secretary shall keep the minutes of all meetings of the Association, the Board of Directors, and the Advisory Council, preserve all papers, letters and transactions of the Association and have custody of the correspondence. She shall present to the Board of Directors all applications for membership in this Association, with the report of the Membership Committee on the same. She shall deliver to her successor within one [illegible] the biennial convention, all Association property in her possession.

[illegible] The Treasurer shall collect, receive [illegible] of all funds of the Association [illegible] such funds in a bank designated by the Board of Directors, and pay such [illegible] have been approved by the [illegible] She shall report to the Board of Directors [illegible] annual meeting of the Association [illegible] requested to do so and make a [illegible] to the Association at each biennial [illegible] She shall give a bond, [illegible] of the Board of Directors, [illegible] performance of her duties. [illegible] shall be audited annually by a [illegible] approved by the [illegible]

[illegible] Treasurer shall within one [illegible] close of the biennial convention [illegible] to the Treasurer, all money, [illegible] and papers of the Association [illegible] quarterly, with a supplemental report covering all transactions from January 1st to the close of the biennial convention.

Sec. 5. All officers except the Secretary and Treasurer shall on expiration of their term surrender all property in their possession belonging to their respective offices to the newly elected President.

Sec. 6. Any one of the eleven officers of the Association, except the President, the First Vice President and the Second Vice President, is eligible to the position of Director of Headquarters or Interstate Secretary.

Sec. 7. Necessary expenses incurred by officers or committees in the service of the Association may be refunded from the general treasury by order of the Board of Directors.

ARTICLE V—BOARD OF DIRECTORS

No change.

ARTICLE VI—ADVISORY COUNCIL

No change.

ARTICLE VII—STANDING COMMITTEES

Section 1. The standing committees shall be as follows:

(a) Revision and Membership
(b) Program
(c) Arrangements
(d) Publication and *Public Information*
(e) Nominating
(f) Relief Fund
(g) Finance
(h) Headquarters

Sec. 2. (*The Revision and Membership Committee shall consist of five members who shall investigate the eligibility of all state associations applying for membership in this organization. It shall devise ways and means for cooperation with state and territories for securing members and report its findings to the Board of Directors, whose decision as to eligibility shall be final. It shall receive all proposed amendments to the by-laws of this Association and submit them for action at the biennial convention. This committee shall also advise state associations concerning proposed amendments to their constitutions and by-laws for the purpose of keeping them in harmony with the articles of incorporation and by-laws of this Association.*)

Sec. 3. The Program Committee shall consist of five members; it shall prepare and arrange the program of papers and discussions and in conjunction with the Board of Directors prepare a complete program for the biennial convention.

Sec. 4. The Arrangements Committee shall consist of five members. The chairman of this committee shall be a resident of the city in which the biennial convention is to be held. It shall make all local arrangements for the convention and superintend the registration of visitors.

Sec. 5. *(The Publication and Public Information Committee shall consist of five members which shall include the Secretary, the Editor of the American Journal of Nursing, and the Director at Headquarters. This committee shall compile a report of the proceedings of the biennial convention, and such other duties as may be assigned to it.)*

Sec. 6. The Nominating Committee shall consist of five members, two of whom shall be appointed by the chair and three by the house.

On or before September 1st preceding the biennial convention this committee shall issue a blank to each State Association belonging to the Association on which blank may be written the name of one nominee for each office to be filled. Blanks from organizations shall be signed by the President or Secretary of the nominating organization and the name of the organization shall be appended.

Blanks shall be returned to the Nominating Committee before January 1st preceding the biennial convention.

From these returns the committee shall prepare a ticket consisting of one or more nominees receiving the highest number of nominations for the office of President, First Vice President, Second Vice President, Secretary and Treasurer, and three or more for the office of Directors. No name shall be presented to a convention, either by the Nominating Committee or from the floor, unless the nominee has consented to serve if elected. This ticket shall be mailed to each State Association at least one month previous to the biennial convention.

Sec. 7. The Relief Fund Committee shall consist of five members, two of whom shall be the Secretary and the Treasurer of the Association. The work of the committee shall be defined by the Board of Directors.

Sec. 8. The Committee on Finance shall consist of the Treasurer and two members appointed by the President. This committee shall make out a budget of expense for the year, advise as to expenditure of funds and report the same to Board of Directors.

Sec. 9. The Committee on Headquarters shall consist of at least three members. The duties of this committee shall be to represent the American Nurses' Association in all its activities in connection with National Headquarters, subject to the approval of the Board of Directors.

This committee may meet with a similar committee of the National League of Nursing Education, or the National Organization for Public Health Nursing, or with both.

Article VIII—Dues

Section 1. The annual dues from each state association shall be fifty cents per capita.

Sec. 2. Dues shall *be paid in advance not later than February 15th for the current calendar year, on the basis of membership, January 31st.*

Sec. 3. *State Associations whose dues have not been paid by March 1st shall be notified by the Treasurer and those not paying by April 1st shall forfeit membership.*

Sec. 4. State associations having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

Sec. 5. *Dues received by state associations after February 15th shall be paid monthly during each year.*

Article IX—Meetings

No change.

Article X—Sections

No change.

Article XI—Representation

No change.

Article XII—Quorum

No change.

Article XIII—Fiscal Year

No change.

Article XIV—Application of the Term "State"

No change.

Article XV—Duties of State Associations

It shall be the duty of each State Association:

Section 1. To send to the President and to the Secretary of this Association the names and addresses of all officers immediately after their election or appointment.

Sec. 2. To confer with the Committee on Revision before adopting any proposed amendments to their constitution and by-laws.

Sec. 3. To send to National Headquarters a copy of the constitution and by-laws and all amendments adopted.

Sec. 4. *To send to National Headquarters a classified typewritten list of all members with dues as provided in Article VIII.*

Sec. 5. To report to the Board of Directors of this Association as may be required.

Article XVI—Parliamentary Authority

No change.

Article XVII—Official Organ

No change.

Article XVIII—Amendments

No change.

Biennial Convention

The Convention Welcome.—Word comes from the local Committee on Arrangements for the biennial convention of the three national nursing organizations to be held in Milwaukee, June 9–14, that the nurses will be welcomed at the joint opening session of Monday evening, June 9, by the Honorable Walter J. Kohler, Governor of Wisconsin, and by Mayor Daniel Hoan of Milwaukee. Dr. Glenn Frank, President of the University of Wisconsin, will be the speaker at this meeting.

New Arrangements.—As convention time nears, final plans in program and arrangements are being made. The Committee endeavors at each convention to make such new adjustments, based on the experience of preceding conventions, as will add to the smooth machinery of the meetings, and to the comfort of the guests. Here are some of the new plans this year:

1. Meetings will begin promptly and end promptly. The doors of the auditorium will be closed during talks, and late arrivals will wait in the lobby until the conclusion of the address then in progress.

2. The programs will be operated on specific time units, the same in all three organizations. This method, it is hoped, will eliminate confusion as to the time of the various meetings.

These time units call for two morning sessions, the first from 9 to 10.45; the second from 11 to 12.45, thus allowing a fifteen-minute interval between the two meetings. The afternoon sessions will begin at 2.30 and will close at 4.45. From 5 until 6 o'clock is designated as a conference hour, a number of small meetings, round tables, and conferences already having been scheduled. Evening sessions will open at 8.30.

3. There is ample time, it will be noted, between the sessions for luncheons and dinners, Wednesday evening having been designated as an excellent opportunity for holding state dinners and similar functions. Delia H. [illegible], Columbia Hospital, Milwaukee, is chairman of the Dinners and Luncheons Committee, through which arrangements can be made. Milwaukee is a hospitable city. It has plenty of hotel space, and is well suited for [illegible] for luncheon and dinner parties.

4. Tickets for all luncheons and dinners will be obtainable from one central table in the convention auditorium. Because of the demands for tickets for such functions which increase at every convention, *no luncheon or dinner tickets will be sold later than one hour in advance of the event, and no tickets will be sold at the door.*

5. If you want your group luncheon or state dinner listed in the printed programs, American Nurses' Association Headquarters must be notified of the event, the time, and the place, before April 25. This date is the absolute "dead line" for program items.

Housing Rules.—From Stella Ackley, Chairman of the Housing Committee in Milwaukee, comes the following:

"A. All reservations for rooms should be made directly to the hotels, not through the Housing Committee. The latter will take care of housing the guests when the hotels are filled, and will make adjustments.

"B. Double reservations and reservations for three or four together will be considered first, rather than single rooms. This is a general rule followed by all hotels."

REGISTRATION

Arrangements are being made to have the registration as simple and expeditious a matter as possible, but remember that there are six thousand nurses to be registered. So if you arrive in Milwaukee on Sunday, June 8, will you help yourselves, the other registrants, and those in charge of this work, by registering on that day? The registration booth will be open all day Sunday for this purpose.

JOINT MEETINGS

The three national nursing organizations will meet in joint session as follows:

Monday evening, 8.30, Joint Opening Session.

Tuesday morning, 9–10.45, "Legislation." This topic will be discussed from three angles, General Legislation, Public Health, and Effect on Schools of Nursing.

11–12.45, "Nursing the Community" through the Registry, the Hospital, the V. N. A.

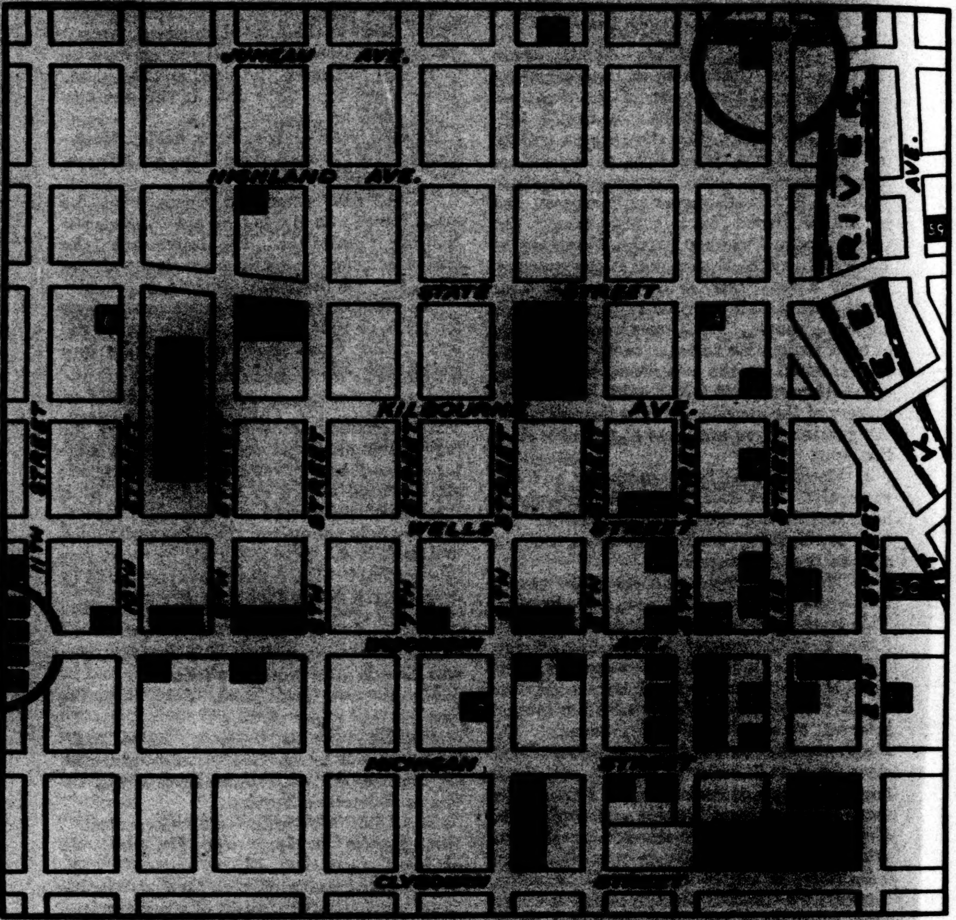
Tuesday evening, 8.30, "Cost of Medical Care" and "Distribution of Nursing Service."

Thursday evening, 8.30, "Newer Developments in Education" and "Their Application to Nursing Education."

TRANSPORTATION

Transportation—Post-Convention Tours. If you are planning to take a trip after the convention and you wish to avail yourself of the post-convention tours arranged especially for the nurses:

1. *Buy your round trip ticket to the convention, to include this tour.* This will save you a considerable sum as special rates are obtainable in this way. Round-trip tickets for post-convention tours, if purchased separately, do not enable you to avail yourself of the special rates offered in connection with the convention.


JUNEAU AVE.
HIGHLAND AVE.
STATE STREET
KILBOURN AVE.
WELLS STREET
AVE.
MICHIGAN STREET
CLYBOURN STREET
RIVER
AVE.
11TH STREET
2ND
59
50

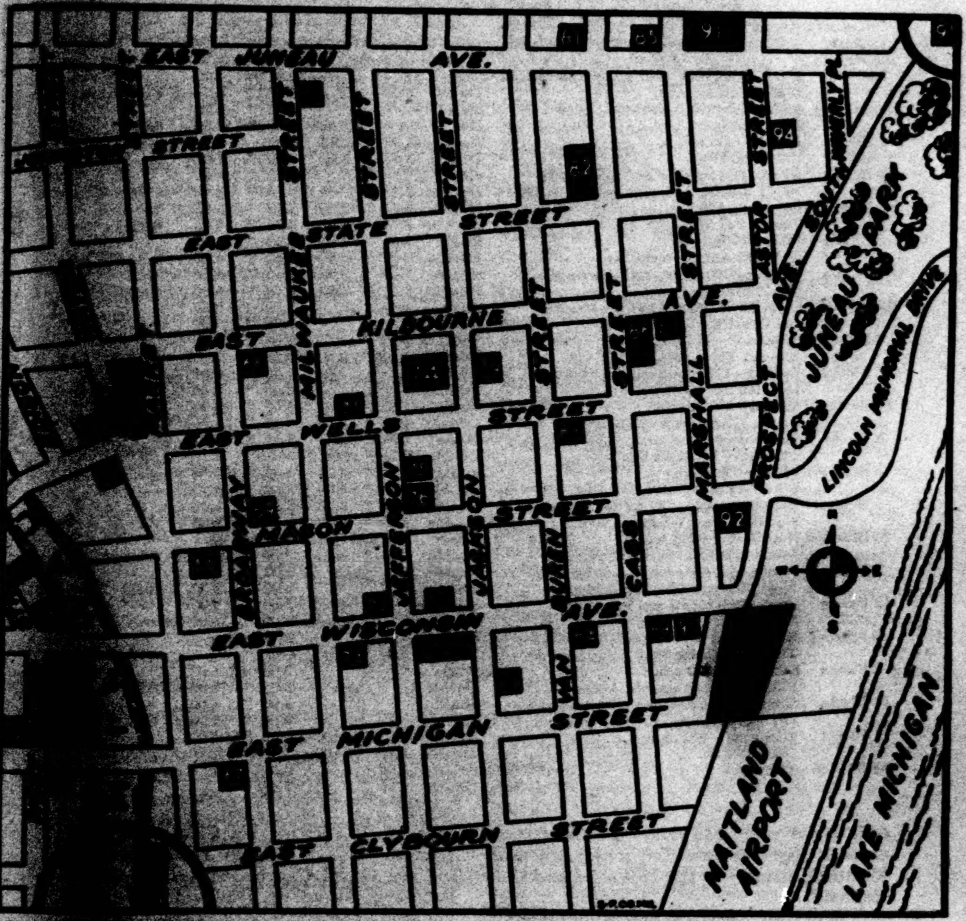
CENTRAL [illegible] DISTRICT

[illegible]

Abbot Crest (1226 Wisconsin Avenue)	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

[illegible] AND [illegible]

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]


EAST JUNEAU AVE.
STREET
EAST STATE STREET
EAST KILBOURNE AVE.
EAST WELLS STREET
MASON STREET
EAST WISCONSIN AVE.
EAST MICHIGAN STREET
EAST CLYBOURN STREET
MILWAUKEE
BROADWAY
JEFFERSON
JACKSON
VAN BUREN
CASS
MARSHALL
ASTOR
PROSPECT AVE.
JUNEAU PARK
LINCOLN MEMORIAL DRIVE
MAITLAND AIRPORT
LAKE MICHIGAN
92
94
97

OF [illegible]

[illegible] Station Depot, Foot of East Wisconsin [illegible]	96
[illegible] Line Steamer Docks, [illegible] West [illegible]	97
[illegible] Car Ferry Docks, Kinnickinnic [illegible]	[illegible]
[illegible] Fourth and Everett Streets	[illegible]
[illegible] Docks, Broadway and [illegible]	[illegible]
[illegible] Lines, Third and Michigan [illegible]	40

OTHER POINTS OF INTEREST

[illegible] of Commerce	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible] Street and Wisconsin Avenue)	5
[illegible] Building (Board of Trade)	67
[illegible]	[illegible]
[illegible]	[illegible]
[illegible] House	79
County Court House (Under Construction)	8
Elks' Club	92
Layton Art Gallery and School	76
Milwaukee Art Institute and Museum	75
Milwaukee Athletic Club	60
Milwaukee Herold	15
Milwaukee Journal	34
Milwaukee Leader	17
Milwaukee Motor Club (Twenty-second Street and Wisconsin Avenue)	3
Milwaukee Sentinel	66
Post Office	73
Public Museum and Library	13
Public Safety Building (Under Construction)	12
Scottish Rite Cathedral	83
Tripoli Shrine Mosque (Thirtieth Street and Wisconsin Avenue)	4
Wisconsin News	56
Wisconsin Club	9
Y. M. C. A.	20
Y. W. C. A.	80

LIST OF HOTELS

Distance from Auditorium	*Hotel*		*Without Bath*	*With Bath*	*Suites*
7 Blocks	Abbot Court—140 rooms and apartments	Single	$1.75	$2.25 to $ 4.00	
	1226 Wisconsin Ave.	Double	3.00	2.50 " 6.00	$ 8.00 and up
20 Blocks	Ambassador—325 rooms	Single		3.00 " 6.00	
	2308 Wisconsin Ave.	Double		5.00 " 12.00	6.00 " up
6 Blocks	Antlers—400 rooms	Single	$1.50 to $1.75	2.00	
	130 Second St.	Double	1.50 " 3.00	3.00 " 4.00	
13 Blocks	Astor—1,000 rooms and apartments	Single		2.50 " 5.00	
	924 E. Juneau Ave.	Double		5.00 " 8.00	10.00 to $25.00
3 Blocks	Belmont—115 rooms	Single	1.75 " 2.00	2.75 " 3.00	
	Fourth and Wells Sts.	Double	2.75 " 3.00	3.75 " 4.00	6.00 " 10.00
6 Blocks	Blatz—75 rooms	Single	1.50 " 2.00	2.00 " 3.00	
	E. Water and E. Wells Sts.	Double	2.00 " 3.00	3.00 " 4.50	3.50 " 6.00
8 Blocks	Cudahy—300 rooms and apartments	Single	1.50 " 2.50	2.50 " 3.50	
	924 Milwaukee St.	Double	2.50 " 3.00	3.50 " 5.00	5.00 " 7.00
13 Blocks	Colonial—97 rooms and apartments	Single		2.50 " 3.50	
	404 Cass St.	Double		3.00 " 4.00	3.50 " 7.00
3 Blocks	Gilpatrick—115 rooms	Single	1.50 " 1.75	2.00 " 3.00	
	322-328 Third St.	Double	2.50 " 3.00	3.50 " 5.00	5.00 " 6.00
7 Blocks	LaSalle—157 rooms and apartments	Single		3.00 " 6.00	
	117 12th St.	Double		5.00 " 8.50	8.50 " 15.00
12 Blocks	Martin—300 rooms	Single	1.50 " 2.50	2.50 " 3.00	
	801 E. Wisconsin Ave.	Double	2.50 " 3.25	3.50 " 6.00	4.00 and up
5 Blocks	Medford—400 rooms	Single	1.75 " 2.25	2.50 " 3.00	
	Third and Michigan Sts.	Double	2.75 " 3.00	3.50 " 5.50	
4 Blocks	Miller—180 rooms	Single	1.75 " 2.00	2.50 " 3.50	
	175 Third St.	Double	3.00 " 4.00	3.50 " 5.00	
3 Blocks	New Randolph—125 rooms	Single	2.50 " 3.00	3.50 " 5.00	
	Fourth St. and Wisconsin Ave.	Double	3.50 " 4.00	4.00 " 8.00	5.00 to 10.00
10 Blocks	New Pfister—300 rooms	Single	2.50 and up	3.50 and up	
	Jefferson St. and E. Wisconsin Ave.	Double	4.00 " up	5.00 " up	15.00 and up
7 Blocks	Plankinton—500 rooms	Single		3.00 to 7.00	
	West Water and Michigan Sts.	Double		5.00 " 9.00	10.00 " up
11 Blocks	Plaza—300 rooms and apartments	Single		2.50 " 4.00	
	521 Cass St.	Double		4.00 " 6.00	
2 Blocks	Republican—300 rooms	Single	1.50 " up	2.50 and up	
	Third and Cedar Sts.	Double	3.00 " up	4.00 " up	6.00 " up
2 Blocks	Schroeder—850 rooms	Single		3.00 to 7.00	
	Fifth St. and Wisconsin Ave.	Double		5.00 " 10.00	10.00 " up
18 Blocks	Shorecrest—350 rooms and apartments	Single		3.00 " 4.00	
	245 Summit Ave.	Double		5.00 " 7.00	8.00 to 20.00
4 Blocks	Wisconsin—500 rooms	Single	1.50 to 2.00	2.50 " 5.00	
	183 Third St.	Double	2.50 " 4.00	3.50 " 10.00	12.00 " 20.00
4 Blocks	Maryland (Double bed)	Single	3.00	5.00	
	(Twin beds)	Double	6.00	8.00	

2. Make your reservation for these tours through any representative of the American Express Company or the Baltimore and Ohio Railroad.

3. A deposit of $25 will ensure your reservation. Final payment must be made at least one week before your departure. Your deposit is refundable on demand.

The American Express Company is offering special rates for the following three personally conducted post-convention tours:

Tour "A"—Leave Milwaukee via Chicago & North Western Ry., Friday, June 13, 10.15 p.m. A visit to Yellowstone Park and the Grand Canyon to include stop-overs in Rochester, Minn. (Mayo Clinic); St. Paul and Minneapolis, Salt Lake City, Colorado Springs, Garden of the Gods, and then return to Chicago, arriving Thursday, June 26, 7 a.m.

Tour "B"—Leave Milwaukee, Friday, June 13, 10.15 p.m., via Chicago, & North Western Ry. A visit to Yellowstone Park and the Grand Canyon, to include visits to Rochester, Minn.; St. Paul and Minneapolis, Portland, Tacoma, Seattle, Lake Louise and Banff Springs, returning to Chicago to arrive Wednesday, July 2, 8.25 a.m.

Members desiring to leave the party at Portland and return via California by rail or canal will be quoted special fares. Members desiring to leave the party and continue to Alaska, or return via Glacier National Park, will be quoted special fares.

Tour "C"—Leave Milwaukee, Friday, June 13, 10.15 p.m., via Chicago & North Western Ry., a visit to Mayo Clinic, Rochester, Minn., on Saturday, June 14. Arrive Chicago, Sunday, June 15, 7.30 a.m.

Members destined for points other than Chicago will leave Chicago by Convention train.

Mrs. C. H. Ray, 2307 Fillmore Street, Amarillo, Texas, Chairman of Transportation for the South Central States, has appointed the following as members of her committee: Mattie L. Davis, 1217 N. Walnut Street, Oklahoma City, Okla.; Edna Peterson, 216 S. Kingshighway, St. Louis, Mo. The Santa Fe route has been chosen as the official route from this section to Chicago and the Chicago, Milwaukee and St. Paul from Chicago to Milwaukee.

The New England States, of which the transportation section chairman is Helene G. Lee, have selected the Boston and Albany Railroad as the official route. Saturday, June 7, is the date the nurses will leave Boston. Connections are to be made at Worcester, Springfield and Pittsfield. The schedule is as follows:

Saturday, June 7:
  Leave Boston 9.30 a.m. via Boston and Albany Railroad.
  Worcester, 10.40 a.m.
  Springfield, 12.02 p.m.
  Pittsfield, 1.48 p.m.
Sunday, June 8:
  Arrive Chicago 8 a.m. via Michigan Central Railroad. Transfer of train to the Chicago & North Western Ry.
  Leave Chicago 10.30 a.m. via Chicago & North Western Ry.
  Arrive Milwaukee 12.25 p.m.

Emily J. Hicks, 370 Seventh Avenue, New York City, Chairman of the Transportation Committee for the North Atlantic States, has appointed the following to serve as members of this committee: Margaret Stack, 175 [illegible] Street, Hartford, Conn.; Mrs. Mae P. [illegible], [illegible] Richardson Road, Richardson Park, Del.; Sarah F. Martin, 1211 Cathedral Street, Baltimore, Md.; Arabella Creech, 42 [illegible] Street, Newark, N. J.; Esther R. [illegible], 400 North Third Street, Harrisburg, Pa.; Annabelle Petersen, 1337 K Street, N. W., Washington, D. C.

Pennsylvania nurses will travel over the New York Central route. The other states have selected the Baltimore and Ohio Railroad from the east to Chicago and the Chicago & North Western and the Chicago, Milwaukee and St. Paul from Chicago to Milwaukee.

Jane Van De Vrede, Chairman of the Transportation Committee for the South Atlantic States, reports that the following state chairmen have been appointed to serve as members of this committee, also that nurses desiring information as regards selection of routes and side trips following the convention should communicate with state chairmen: Virginia, Juanita Wood, V. N. A., Richmond; West Virginia, Blanche Young, City Hospital, Martinsburg; North Carolina, Agnes Gray, Clinic Hospital, Greensboro; South Carolina, Lila Davis, Sumter; Florida, Mary E. Kavell, St. Luke's Hospital, Jacksonville; Georgia, Margaret Dorn, 1117 Telfair Street, Augusta.

Routes from the southern states: Southern from Atlanta, Ga., to Cincinnati; New York Central, Big Four to Chicago; Chicago, Milwaukee and St. Paul from Chicago to Milwaukee.

Nurses from North and South Carolina and Virginia will join this group at Cincinnati, and those from Florida and south Georgia, at Atlanta.

Mrs. B. L. Cawthorne, Chairman of the Transportation Committee for the Gulf States, Bureau of Public Health, City Health Department, Memphis, Tennessee, has reported: "General routing from the Gulf States territory. All have chosen the Illinois Central to Chicago and the Chicago, Milwaukee and St. Paul from Chicago to Milwaukee, with the exception of east Tennessee, which group will use the Southern to Chicago; those from middle Tennessee will use the Louisville and Nashville to Chicago. Nurses from Kentucky, adjacent to Louisville, will use the Pennsylvania Railway and those in Eastern Kentucky the New York Central Lines."

A. N. A. Program

A feature of the progress of the American Nurses' Association this year will be its emphasis on registries, their problems, and their part to be played in the nursing of the community. There will be two registry round tables, one of these to discuss administrative problems, and one, the problems of the registrant. Other aspects of the program are shaping themselves, the program of the Mental Hygiene Section having been arranged as follows:

Tentative Program for Mental Hygiene Section

Tuesday, June 10, 2.30 to 4.45 p.m.

1. John Anderson, Ph.D., Director, Institute of Child Welfare, University of Minnesota, Minneapolis, "The Nurse's Function in the Training and Guidance of Children."
2. Ruth Gilbert, Mental Health Supervisor, Department of Health, Syracuse, N. Y., "Psychiatric Point of View, a Part of the Nurse's Technic."
3. (Speaker to be announced), "The Functioning of a Mental Hygiene Program in a Visiting Nurse Association."

Thursday, June 12, 2.30 to 4.45 p.m.

Business meeting of section followed by ten-minute papers presented by:

1. Mrs. Ann Hare, Superintendent of Nurses, New Jersey State Hospital, Greystone Park, N. J., "Mental Hospital Affiliations for General Hospital Students."
2. Catherine MacLean, Superintendent of Nurses, Colorado Psychopathic Hospital, Denver, Colo., "Postgraduate and Affiliating Courses given at the Colorado Psychopathic Hospital."
3. Marion Russell, New York State Psychiatric Institute, New York City, "The General Hospital Teaches Mental Nursing."
4. Margaret Daley, Teaching Supervisor, Psychiatric Nursing, Butler Hospital, Providence, R. I., "Application of Classroom Teaching to Ward Activities in a Mental Hospital."
5. Mary D. Taylor, Directress of Nurses, Bloomingdale Hospital, White Plains, N. Y., "Emotional Adjustment of the Student Nurse in Psychiatric Work."

National League Convention Notices

League members are urged to arrive in Milwaukee on Sunday, June 8, and to register that day at the Auditorium. Programs will be given there to each registrant. Voting credentials will be given to members (those who have paid their dues for 1930) at a desk near the general registration. League members will thus be ready to vote at the opening business meeting of the League, 9 a.m., on Monday, June 9. We need everyone to help decide on some of the important questions which are before us. By registering Sunday you will avoid the last minute rush of non-League members on Monday morning. Come early and avoid the crowd.

League Program

Monday, June 9

9–10.45, N. L. N. E., opening business session.

11–12.45, N. O. P. H. N., opening business session.

2.30–4.45, A. N. A., opening business session.

8.30–10.15, Joint Session.

Tuesday, June 10

9–10.45, Joint Session.

11–12.45, Joint Session.

2.30–4.45, Open Session Advisory Council, N. L. N. E.

5–6, Conferences:

(a) "Adequate Nursing School Records." Chairman, Stella Goostray.

(b) "Transcripts for Graduate Nurses." Chairman to be announced.

8.30–10.15, Joint Session.

Wednesday, June 11

9–10.45, Session conducted by Education Committee. Topic, "Staff Conferences." Speakers to be announced.

11–12.45, N. L. N. E. Session. Topic, "Selection and Adjustment of Students."

Address, "Selection of Freshman Students." Speaker to be announced.

Address, "Student Adjustments." Speaker to be announced.

Address, "Selection of Students for a School of Nursing and Problems of Adjustment." Speaker to be announced.

2.30–4.15, Demonstrations by various Milwaukee hospitals.

8.30, Entertainment by Wisconsin nurses.

Thursday, June 12

9–10.45, Session conducted by Instructors' Section. General topic, "Pre-tests." Speakers to be announced.

11–12.45, N. L. N. E. Session. General topic, "Administering Affiliations."

(a) "The Responsibilities and Problems of the School Receiving Affiliating Students," Marion Rottman.

(b) "The Responsibilities and Problems of the School Sending Affiliating Students," Carrie M. Hall.

(c) "The Responsibilities of State Boards of Nurse Examiners in Regulating Affiliations," Adda Eldredge.

2.30–4.45, Round-Table Conferences:

(1) "Selection of Students." Chairman to be announced.

(2) "Value of State Hospital Experience in Obstetrics and Pediatrics." Chairman, Ella Ward.

(3) "Extra-Class Activities." Chairman, Shirley Titus.

5–6

8.30–10.15, Joint Session.

Friday, June 13

9–10.45, N. L. N. E. Session. Topic:

(1) "Principles of Supervision and Planning a Supervisory Program." Speaker to be announced.

(2) "Supervision of Clinical Instruction," Mary Marvin, Department of Nursing Education, Teachers College, Columbia University.

[illegible] Discussion.

11–12:45, N. O. P. H. N., business meeting.

1:30–3, N. L. N. E., business meeting; A. N. A., business meeting.

* * *

Overseas Nurses' Get-Together

Wisconsin Unit Women's Overseas Service League is delighted at the thought of greeting Overseas Nurses in Milwaukee. In order not to conflict with state dinners being held Wednesday evening, June 11, the overseas dinner will take place at the Astor Hotel, Thursday evening from 5.30 to 8 o'clock (between afternoon and evening sessions of the convention). Tickets will be on sale at the Auditorium, registration day, $2 a plate.

* * *

Nurses' Relief Fund

REPORT FOR MONTH ENDING FEBRUARY 28, 1930

Receipts

Interest received on bank balances	$81.50
Interest received on investments	45.00

Contributions

Alabama: District 7, $34; St. Vincent's Alumnae, $8.40	42.40
Arizona: State Association	75.00
Arkansas: District 1, $27; District 4, $11	38.00
California: State Association	6.00
Colorado: Alumnae Associations—St. Anthony's, Denver, $25; Weld County, Greeley, $17.50; individual contributions, $9; collected at state meetings, $4	55.50
Delaware: Alumnae Associations—St. Francis, [illegible]; Wilmington General, [illegible]; Homeopathic General, $6; Delaware, [illegible], $11	68.00
District of Columbia: Graduate Nurses' Association	13.00
Illinois: [illegible] Associations—No. 1, $100; No. [illegible]; No. 3, [illegible]; No. 4, [illegible]; No. 7, [illegible]; No. 11, [illegible]; No. 14, [illegible]; Alumnae [illegible] Memorial, [illegible]; [illegible], Illinois Masonic, $74; [illegible], individuals, $12	348.00
[illegible] Alumnae	1.00
[illegible]	15.00
[illegible] County Graduate [illegible]	135.00
[illegible] Charity [illegible] Alumnae	10.00
[illegible] Associations—Auxiliary, [illegible]	301.00
[illegible] 7, [illegible]; Alumnae Associations—[illegible], [illegible]; St. [illegible]	200.00
[illegible] Association of Flathead [illegible]	15.00
[illegible] Alumnae Associations—Lutheran, [illegible]; University, [illegible]; Methodist, [illegible]	34.00
[illegible] Elliot Hospital, Manchester	25.00
New Jersey: Alumnae Associations—Morristown Memorial, $15; Paterson General, $115; Mercer, $32	162.00
New York: Frederick Ferris Thompson Alumnae	25.00
North Carolina: State Association	5.00
Ohio: Districts—No. 2, $1; No. 3, $13; No. 4, $99.50; No. 5, $10; No. 9, $75; No. 11, $2.74; No. 12, $163; No. 13, $11; Mercy Alumnae, $40	415.24
Pennsylvania: Pottstown Alumnae	21.00
Texas: Districts—No. 6, $2; No. 12, $154; No. 13, $2; No. 14, $11; No. 15, $42; No. 16, $7	218.00
Wisconsin: St. Joseph's Alumnae, $25; individual contributions, $24.75	49.75
Wyoming: State Association	15.00
Total receipts	$2,550.39

Disbursements

Paid to 196 applicants	$2,792.00
Salaries	270.55
Postage	20.00
Custodian fee for six months	65.00
Stationery	1.88
Total	$3,149.43
Excess of disbursements over receipts for month ending February 28, 1930	$599.04

All contributions to the Nurses' Relief Fund should be made payable to the *Nurses' Relief Fund* and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in each state. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information, address the state chairman, or the Director of the American Nurses' Association, Headquarters, 370 Seventh Avenue, New York City.

* * *

The Isabel Hampton Robb Memorial Fund

REPORT TO MARCH 12, 1930

Previously acknowledged	$34,776.62
Error in copying treasurer's report	5.00
True amount	$34,771.62

Contributions

Kentucky: Louisville-Jefferson County Graduate Nurses' Club	$10.00
Maryland: State Association	25.00
Michigan: State Association	25.00
New York: Genesee Hospital Alumnae, Rochester	10.00
Pennsylvania: Hahnemann Hospital Alumnae, Scranton	5.00
Total	$34,846.62

MARY M. RIDDLE, *Treasurer.*

The McIsaac Loan Fund

REPORT TO MARCH 12, 1930

February 11, 1930, Balance	$612.33
Contributions	
Kentucky: State Association	25.00
Maryland: State Association	75.00
Michigan: State Association	25.00
New York: Genesee Hospital Alumnae, Rochester	10.00
Pennsylvania: Hahnemann Hospital Alumnae, Scranton	5.00
Interest on loan of February 21, 1929	4.00
Loan of $100 repaid with interest	120.00
Total	$1,006.33
Disbursements	
Feb. 24, Two loans made, $200 each	400.00
March 12, Balance	$606.33

MARY M. RIDDLE, *Treasurer.*

Six scholarships of $300 each are offered for the year 1930–31. Applications must be in the hands of the Secretary before May 1. For application blanks for scholarships or loans, address Katharine DeWitt, Room 1610, 370 Seventh Avenue, New York. Contributions for either fund may be sent to the treasurer at the same address. Please make out separate checks for the two funds.

Army Nurse Corps

During the month of February, 1930, orders were issued for the transfer of members of the Army Nurse Corps to the stations indicated: To Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieut. Ruby Mae Mahon; to Fort Banks, Mass. 2nd Lieut. Barbara A. MacNabb; to William Beaumont General Hospital, El Paso, Tex., 2nd Lieut. Lottie Blackmore; to Fort Benning, Ga., 2nd Lieuts. Antoinette Trudeau and Ingeborg M. Dalbotten; to Fitzsimons General Hospital, Denver, Colo., for observation and treatment, 2nd Lieut. Lorene Layne; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Jessie C. Thompson and Genevieve Bergeson, for duty, and 2nd Lieut. Margaret Utheng for observation and treatment; to Fort Riley, Kans., 2nd Lieut. Ethel Taylor; to Fort Sam Houston, Tex., 2nd Lieut. Freida A. V. Brandberg; to Fort Sill, Okla., 2nd Lieuts. Willie Lee Bond, Dorothy D. Ellis, and Jean Tillinghast Pope; to Fort Slocum, N. Y., 2nd Lieut. Claire E. Fogelsong; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Mary J. Palmer; to West Point, N. Y., 2nd Lieut. Nellie I. Culliton; to the Hawaiian Department, 2nd Lieuts. Wilma Mae Gross and Anne E. Pflugrad; to the Philippine Department, 2nd Lieuts. Elizabeth Barker, Kathleen Mitchell and Mabel A. Watkins; to Headquarters American Graves Registration Service, Quartermaster Corps, 20 Rue Molitor, Paris, France, Captain Blanche S. Rulon.

Twenty have been admitted to the Corps as 2nd Lieutenants.

The following are under orders for separation from the Corps: Katherine M. Bomford, Edna F. Bramlett, Gladys M. Case, Selina I. Everson, Theresa Fitzgerald, Pauline A. Furnberger, Elizabeth J. Grimbell, Annette S. Hammerstead, Mabel H. Holm, Virginia L. Hubbard, Agga C. Metcalfe, Elsie E. Phillips, Miriam Schmoeckel, Daisy M. Sheehan, Hazel A. Tobinson, and Marie L. Turner.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

During the month of January, eight nurses have been appointed and assigned to duty.

The following transfers were made: To Annapolis, Md., Laura M. Nygren; to Great Lakes, Ill., Loretta V. Connor; to League Island, Pa., Florence M. Field; to Mare Island, Calif., M. Ada Allen; to Newport, R. I., Dorothy Apgar; to New York, N. Y., Anna E. Moore; to Pensacola, Fla., Emma L. Hohle, Chief Nurse; to Puget Sound, Wash., Ethel M. DeGarmo, Elizabeth D. Bushong; to San Diego, Calif., Martha H. Vele; to San Diego, Calif. (Hospital Corps School), Kathleen O'Brien, Chief Nurse; to Tutuila, Samoa, Elizabeth Steiner, Grace E. Voetsel; to Washington, D. C., Josephine Bogg, Ethel M. Peterson, Katherine E. Kelly.

The following nurse was separated from the service: Olga F. Peters.

J. BEATRICE BOWMAN, R.N.
Supt., Navy Nurse Corps.

U. S. Public Health Nursing Service

The following transfers, reinstatements, and new assignments have been made during February.

Transfers: To Ft. Stanton, N. M., Catherine Winton, Chief Nurse; to Stapleton, N. Y., Muriel Cooper; to New Orleans, La., William McPhaul; to Portland, Me., Mariel Mayo, [illegible] Nurse; to Ellis Island, N. Y., Anna [illegible]; to Vineyard Haven, Mass., Ida [illegible].

[illegible]: Myrtle W. Neil; Emmaline [illegible].

New assignments: Ten.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

United States Veterans' Bureau

REPORT OF NURSING SERVICE

Consistent progress in the various projects and varied interests of the nursing service of the Bureau is reported by Mary A. Hickey, Superintendent of Nurses. It is believed that all members of the nursing service greatly appreciate the Nursing Section of the Medical Bulletin. The articles published have been most helpful. To this Section all nurses in the service may contribute material on administrative or technical subjects, as: Ward Management; Nursing Care in Thoracoplastic Operations; A Study of the Care Given to Mental Patients; The Clinic Nurse; What Do Follow-up Nurses Do?; Nursing the Tuberculous; A Study of Follow-up Nursing for Tuberculosis Patients before Hospitalization; Postgraduate Study for Nurses; Common-Interest Problems; Staff Conferences; Doctor, Nurse and Patient. This Nursing Section serves as a channel through which improvements in nursing technic or administration which have been worked out in the various stations in the field may be disseminated to the service at large. Various organizations not connected with the Bureau have expressed interest in the Nursing Section and have reprinted articles of outstanding merit which are of value to the profession.

During the month of February, 1930, the following named nurses were reinstated: [illegible] McG. Gleason, Cecilia Hermeson, Lila H. Clark, Anna P. Carey, Ellen M. Malloy, [illegible] A. Powell, Mary S. Ferrand, [illegible].

[illegible] new assignments were made.

The following have been separated from the service: Olive [illegible], Helen Stafford, [illegible] Hand, [illegible], Amanda B. [illegible] Coe, Mildred P. Horton, Gladys [illegible] A. [illegible], Esther P. [illegible], Mabel [illegible], Mary [illegible], Louse [illegible], [illegible] Elsie M. [illegible], Goldie Leet.

Orders were issued for transfer of the following named: To Aspinwall, Pa., Mary M. [illegible]; to Castle Point, Lina Kidder, Irene Wadsworth; to Ft. Bayard, N. M., Antoinette Montferrand; to Edward Hines Jr. Hospital, Hines, Ill., Mary E. McAuliffe, Thelma Rasmus; to St. Cloud, Minn., Maud Barber; to the Bronx, N. Y., Clara Chapman; to N. Little Rock, Ark., Gracia Braun; to Gulfport, Miss., Nan Sullivan; to Ft. Snelling, Minn., Hannah Erickson; to Palo Alto, Calif., Dorothy Meadors.

MARY A. HICKEY,
Superintendent of Nurses.

U. S. Indian Service

During the month of February the following changes have taken place in the Indian Service nursing personnel:

Appointments: six.
Separations: two.
Transfers: none.

ELINOR I. GREGG,
Supervisor of Nurses.

Program for First International Mental Hygiene Congress

Practically all aspects of mental hygiene will be covered at the Congress, which will be held in Washington, D. C., May 5–10, 1930. Correspondents in many countries have collaborated in working out the program.

American Psychiatric Association and the American Association for the Study of the Feebleminded will hold their annual meetings in Washington at the same time as the First International Congress, and hence the largest number of people interested in mental hygiene ever gathered together at one place and time will probably meet in Washington that week.

It is the purpose to have a maximum of discussion and minimum of formal paper-reading. To this end, papers at the morning sessions, printed at length in advance of the meetings, will be limited to ten minutes in statement, and discussion will follow. Afternoons will be given over to meetings of committees, prepared discussions not on the regular program, recreation, and sight-seeing. General sessions, designed to appeal widely to laymen, will be held on several evenings.

Persons residing in twenty-eight different countries are on the Advisory Committee on Program. Effie J. Taylor, Professor of Nursing, Yale University School of Nursing, represents nursing on the committee.

Some of the important topics, from the nursing point of view, which will be taken up at the sessions are:

Magnitude of Mental Hygiene as a Public Health Problem.

Organization of the Mental Hospital and Its Part in Community Life.

Psychopathic Hospitals and Psychiatric Service in General Medical and Surgical [illegible] Practice.

The Teaching of Psychiatry in Medical, Nursing, Social Work and Other Professional Schools.

Syphilis in Relation to Mental Hygiene.

National Conference on Social Work

Methods of combating unemployment and ill health will occupy a prominent place on the program of the fifty-seventh annual meeting of the National Conference of Social Work and its associate groups which convenes in Boston, June 8 to 14. Dr. Miriam Van Waters, referee of the Los Angeles County Juvenile Court, is president of the Conference which is attended by people actively interested in such fields as: health, dependency, delinquency, family case work, neighborhood life, mental hygiene, and community problems.

The care of chronic disease, and race improvement, are two of the subjects recently announced by Dr. Ira V. Hiscock, of the Yale University School of Medicine, who is chairman of the Conference Division on Health. Dr. Herbert [illegible], of Johns Hopkins University and Dr. T. Wingate Todd, of Western Reserve University will speak on "What Is Practical in Race Improvement." Public responsibility for the prevention of the treatment of chronic disease, and community problems resulting from such types of disease will be discussed by officials from the Massachusetts State Department of Health.

Information on the Conference may be secured from the Conference office, at 277 East Long Street, Columbus, Ohio.

American Public Health Association

The fifty-ninth annual meeting of the American Public Health Association will be held in Fort Worth, Texas, October 27-30. A [illegible] feature in the [illegible] meeting is [illegible] of the subjects to which the program will be devoted. They will see the best scientific minds of the country wrestling with such subjects as the "Antidiphtheria Campaign", "Undulant Fever", and "[illegible]." These three topics will be made the subjects for joint sessions to be participated in by all the sections of the Association.

Further information will be furnished by the Executive Secretary, Homer N. Calver, 370 Seventh Avenue, New York, N. Y., upon request.

United States Civil Service Examinations

The United States Civil Service Commission announces open competitive examinations for graduate nurse and for graduate nurse (psychiatric), applications to be on file not later than April 8, for vacancies in the Panama Canal Service; and also for chief nurse and head nurse (Indian Service), for graduate nurse, graduate nurse visiting duty, and graduate nurse Junior grade, applications to be received until June 30. Information may be obtained by applying to the U. S. Civil Service Commission, Washington, D. C.

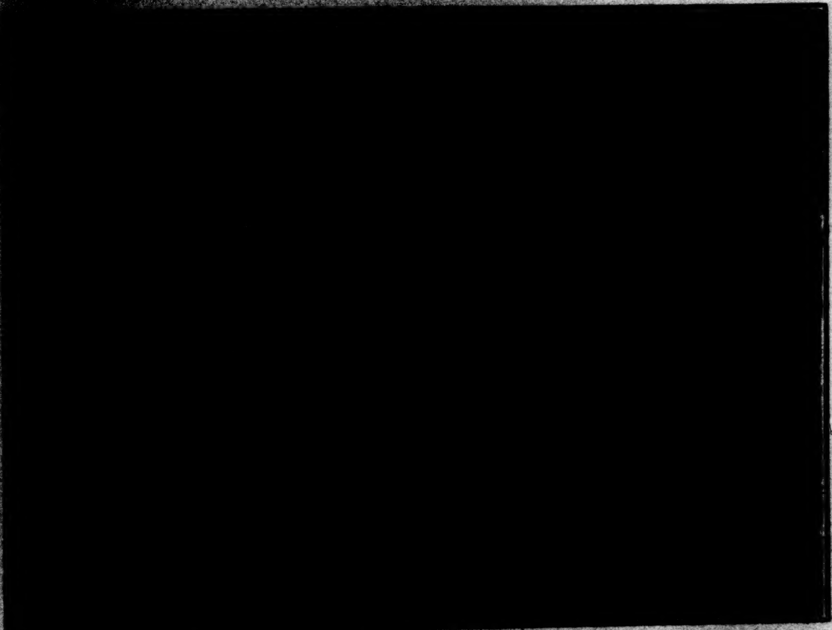
Institutes and Special Courses

Illinois: The Institute for Lay Boards of Hospitals and Public Health Nursing Organizations, held on February 17, at the Palmer House, Chicago, under the auspices of the Central Council for Nursing Education, offered an unusual opportunity to all those interested in promoting a better understanding of nursing education and nursing service. Board members, nurses, and others interested were present from all the near-by states.

(The program was published in full in the March issue of the *Journal*, page [illegible].)

Louisiana: The Louisiana State League of Nursing Education will conduct its annual institute at Charity Hospital, New Orleans, April 23 and 24, following the meeting of the Louisiana State Nurses' Association.

April 23: [illegible] Convalescent [illegible] Tulane University; "[illegible]



S[illegible] for the Courses in Hospital Administration Recently Completed [illegible] College of Saint Teresa, Winona, Minnesota, by Carolyn E. Gray

and Practice in Teaching Dietetics," Sister [illegible], Dietitian of Charity Hospital.

1 [illegible] "Student Government," Stella [illegible] College; Round-Table Discussion [illegible], Touro Infirmary; [illegible]

[illegible] called to order, Anna M. [illegible] Demonstration lesson in [illegible] Christine Wright, Instructor, [illegible]; "Professional Principles [illegible] from Loyola University; "[illegible] Program of Staff Education," [illegible] F. [illegible], Superintendent of [illegible] Infirmary; "Our Problems," [illegible]

[illegible] of Teaching Psychology [illegible] from Tulane University [illegible] Ward Teaching [illegible]," Mrs. C. A. [illegible] Case Study Method of [illegible] Mother Su[illegible] of the Lake Sanitarium, [illegible]

[illegible] Winona.—Courses in Hospital Administration offered at the College of St. Teresa, under the direction of Carolyn E. Gray, closed on March 1. Enrollment represented a one hundred per cent increase over that in 1930, when the courses were first introduced. Students enrolled represented eleven different religious communities and seventeen different hospitals, most of them in the middle west, but ranging from Plattsburgh, N. Y., on the east to the Philippine Islands on the west, and from West Virginia in the south to Montana in the north. A certificate of Registration and a diploma from an accredited high school are prerequisites for enrollment in these courses.

New York: The Hudson Valley League of Nursing Education, assisted by the Nursing Division of the Department of Education of the University of the State of New York, is planning an Institute to be held in Troy, April 21–23.

State Boards of Examiners

District of Columbia: An examination for the registration of nurses in the District of

Columbia will be held Thursday and Friday, May 1 and 2, 1930, at Franklin High School, 13th and K Streets, N. W., Washington. Applications must be in the office of Bertha E. McAfee, Executive Secretary, 1337 K Street, N. W., Washington, D. C., before April 15.

Kentucky: An examination for graduate nurses will be conducted by the KENTUCKY STATE BOARD OF NURSE EXAMINERS, in Louisville, at the Brown Hotel, on the 20th and 21st days of May, 1930. All necessary information and application may be secured by writing to Flora E. Keen, Secretary, [illegible] Apartment, C-4, Louisville.

Maryland: The MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for State Registration the week of May 5, 1930. All applications must be filed not later than April 15 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Missouri: The MISSOURI STATE BOARD OF NURSE EXAMINERS will hold its next examination in St. Louis and Kansas City, April 30 and May 1, 1930.

New Mexico: The NEW MEXICO STATE BOARD OF NURSE EXAMINERS will hold their examinations at St. Joseph Sanatorium, Albuquerque, on May 4, 1930. The Board will meet on May 11 to approve all applications. All graduate nurses who have not registered in this State must have their papers in before this date. The officers of the Board are: Sister Mary Lawrence, President, St. Joseph Sanatorium, Albuquerque; Ella J. Bartlett, Secretary-treasurer, 1001 East Silver Ave., Albuquerque.

South Dakota: The SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the Capitol Building, Pierre, May 27 and 28, 1930. For information apply to Mrs. Elizabeth Dryborough, Rapid City.

West Virginia: The WEST VIRGINIA STATE BOARD OF EXAMINERS FOR REGISTERED NURSES will hold an examination for registration on Tuesday, April 29, and Wednesday, April 30, at the Ohio Valley General Hospital, Wheeling, and the New Charleston General Hospital, Charleston. Mrs. Andrew Wilson, Secretary-treasurer.

State Associations

Alabama: Officers of the ALABAMA STATE NURSES' ASSOCIATION are: President, Mattie Huston, Mobile; vice presidents, Helen Stephens, Birmingham, and Ruth Davis, [illegible]; recording secretary, Margaret Murphy, Mobile; executive secretary, Linna Denny, Birmingham; treasurer, Catherine [illegible], Birmingham. Chairmen of committees are: Ways and Means, [illegible]; Arrangements, Margaret [illegible]; [illegible], Anne [illegible]; Organization, [illegible]; Printing, [illegible]; Publicity, [illegible] Vardaman; State Relief, Jane [illegible]; National Relief, Bertha [illegible].

Colorado: The COLORADO STATE NURSES' ASSOCIATION held its [illegible] annual meeting in conjunction with the twelfth annual meeting of the Colorado League of Nursing Education, at the Antlers Hotel, Colorado Springs, February [illegible], inclusive. About one hundred and [illegible] nurses registered. The meeting was unusually interesting for Janet Geister, Director at Headquarters of the American Nurses' Association, and Mrs. [illegible] Vaughan, Assistant National Director of the Red Cross Nursing Service, were present through the entire meeting. At the opening session Miss Geister spoke on "What It Means To Belong to the A. N. A.," while Mrs. Vaughan urged increased enrollment in the Red Cross Nursing Service for disaster relief. The chief topics of the convention were the proposed districts for Colorado and re-registration. These were discussed from every angle, including Miss Geister's very helpful presentation of the problems from the viewpoint of the A. N. A. At the close of the discussion it was voted to district Colorado and to draw up an amendment to the Nurse Practice Act to include annual renewal of the registration fee. Following this session, the staff of the Beth-El Hospital presided at a very delightful tea. On Thursday evening, approximately one hundred and fifty nurses were seated at the annual banquet. Friday morning was given over to the program of the Public Health Section, which included a discussion of the study of "The Tuberculosis Problem of Colorado" by a member of the Legislative Committee on that study, and a presentation of the subject of advisory committees and public information in public health nursing programs, by Mrs. Vaughan. There was also a paper presented by a board member of a local organization on "A Board Member's Version of Her Duties and Responsibilities." The Private Duty Section [illegible] very attractive luncheon at the Glockner Hospital given by the Sisters of Charity and the members of the Colorado Springs District Association. Both Miss Geister and Mrs. Vaughan [illegible]. The entire program of the League was given to Mrs. Vaughan and Miss Geister. Mrs. Vaughan gave a splendid paper on "The Education of the Student Nurse in Relation to Public Health." Miss Geister gave much food for thought in her most interesting talk on "The Economics of Nursing."

Officers elected are: President, Ann Dickie Boyd, 414 14th Street, Denver; secretary, Irene Murchison, Capitol Building, Denver.

State League President, Ellen Perdue, 800 Central Savings Building, Denver; secretary, Ruth Colestock, University of Colorado School of Nursing, Denver.

President Examining Board, Loretto Mul[illegible], Capitol Building, Denver; secretary, Irene Murchison, Capitol Building, Denver.

Connecticut: The Graduate Nurses' Association will hold its next meeting in Meriden on May 15.

District of Columbia: The February meeting of the District League of Nursing Education was held at the National Homeopathic Hospital on February 27. Dr. Reichard gave a very splendid and interesting talk on "Mental Hygiene."

Georgia: The twenty-fourth annual meeting of the Georgia State Nurses' Association will be held in Atlanta, October 27, 28, 29. Hotel Ansley will be headquarters. Nurses returning from the American Hospital Association in New Orleans by way of Atlanta are cordially invited to attend. If considering please advise headquarters 131 Forrest Avenue, N. E., Atlanta, so that provision for entertainment and participation in the program may be made.

Maryland: The Maryland League of Nursing Education has elected the following officers: President, Elsie M. Lawler; vice president, Helen Sheerston; secretary, Frances M. [illegible]; treasurer, Freda Creutzberg; Executive Board, Margaret Elliott, Marion [illegible], Margaret Balye.

The Industrial Nurses' Association has met four times this year, meetings being held on the second Wednesday of every third month. The meetings have been well attended and very interesting. The purpose of this Association, which is organized as a [illegible] of the Maryland State Association for Public Health Nursing, is to bring together nurses employed in industry. There are [illegible] members at the present time. [illegible] registered nurses are eligible for membership. As members of the Maryland State Association for Public Health Nursing, the aim of the organization is to work in accord with its principles. The officers are: Elizabeth Kenly, Chairman; M. Smith, vice chairman; V. Peach, secretary. Many thanks are due Miss Kenly for her efficient and willing service in office.

Massachusetts: The Massachusetts State Nurses' Association will hold its annual meeting, May 17, at the Young Women's Christian Association building, 140 Clarendon Street, Boston. The Public Health and Private Duty Sections will hold meetings on the same day, as also will the Massachusetts League of Nursing Education.

Michigan: The annual meeting of the State League of Nursing Education will be held at Hurley Hospital, Flint, on April 30. The annual meeting of the State Nurses' Association will be held at Durant Hotel, Flint, on May 1, 2, and 3. Since the interest of the present day is centering about mother and child care with its attendant legislation, an effort is being made to focus the discussions of the meeting on these subjects.

New Jersey: The annual state convention of the New Jersey nurses will be held at the Winfield Scott Hotel, Elizabeth, April 10–12. The League of Nursing Education will conduct its business session Thursday morning and a program in the afternoon to be followed by a tea.

Friday morning will be devoted to the business of the New Jersey State Nurses' Association and the afternoon program will be devoted to the discussion of nurses' registries from the point of view of the patient, the nurse and the registrar.

At night a banquet will be held under the auspices of the New Jersey Organization for Public Health Nursing and Saturday morning the public health nurses will have their business meeting. The Northern New Jersey Federation of Visiting Nurse Associations is meeting in conjunction with the New Jersey Organization for Public Health Nursing.

New York: Presidents' Day. On February 14, the presidents of the fourteen districts of the State Association met for a conference in New York City. The following program was enjoyed: 9.15, Greetings and Welcome, Mrs. Genevieve Clifford, State President; "Machinery and Relationships of our Organization"—(1) "The President," E. J. Hicks, Executive Secretary; (2) "The Secretary," M. Durell, District 13; (3) "The Treasurer," M. Rogers, District 14; "Committees" (appointment, duties, reports, qualifications, accomplishments); 11.20, visit to headquarters offices.

12.30, luncheon given by the *American Journal of Nursing* with an address by Mary M. Roberts on "[illegible]." 2.30, "The Grading Committee," Stella Goostray; "What Every Nurse Should Know About Legislation Past and Present," Grace [illegible], State Legislative Chairman. 4.30, tea at the offices of the "A. J. O. P."

North Dakota: A Correction.—In the report of the State Association convention, January *Journal*, page [illegible], the name of [illegible] should be substituted for that of [illegible], as a director.

Rhode Island: The seventh annual meeting of the Rhode Island State Organization for Public Health Nursing was held on February 6, at the Medical Library, Providence. Following the regular business meeting, Winifred L. Fitzpatrick gave a report on the meeting of the [illegible] Committee of the National Organization for Public Health Nursing. Miss [illegible] and Miss [illegible], both of Cranston, reported on the cooperation existing between the school nurse and [illegible]. Marie L. [illegible], Mental Health Supervisor of the Community Health Association, Boston, was the principal speaker of the afternoon; she gave an enlightening account of "Mental Hygiene as Related to Public Health."

South Carolina: The annual meeting of the State Association will be held at Spartanburg, April 23-24.

Texas: The Graduate Nurses' Association of Texas, the League of Nursing Education and the Organization for Public Health Nursing will hold their annual meetings in Beaumont, May 6-9, with the following program:

Tuesday, May 6, Organization of Public Health Nursing, Mary [illegible] presiding. 9 a.m., Registration; Invocation, [illegible]; Address of Welcome, [illegible], Beaumont Chamber of Commerce; Response, [illegible]. [illegible], State Department of Health. [illegible] "Oral Hygiene," Dr. C. [illegible].

12.30, Luncheon, Hotel Beaumont, industrial nurses in charge. 2 p.m., Business session; "County Public Health Nursing and Unit Work," Dr. [illegible], State Health Department; "Texas Children's Code," Mrs. Noyes Smith, President Texas Congress of Mothers and Parent-Teachers; "The Nurse as a Teacher of People," Mary [illegible] Sanders, Supervisor [illegible], State Department of Education; "Legal Protection of Children," C. W. [illegible], Director of Faith Home, Houston. 7.30 p.m., Banquet at [illegible] Hotel, special speakers: Dr. T. M. [illegible], Beaumont; Mrs. A. Carpenter, Texas American Legion Auxiliary; Mrs. J. L. Brock, Chairman [illegible] County Health Committee; Mrs. A. H. Flickwir, Lay Director, N. O. P. H. N.; E. [illegible], Superintendent of Schools, Beaumont.

Wednesday, May 7, Graduate Nurses' Association of Texas. 7.30 a.m., Board of Directors' breakfast. 7.30 to 9, Registration. 9 a.m., Meeting of Advisory Board, Mrs. H. H. [illegible], President, presiding; invocation; address of welcome, Mayor of Beaumont; responses from Districts 10, 11, 12, and 14. Business session with reports of officers, standing committees and delegates. President's address. Paper, "The Economic and Health Aspect of Properly Fitted Shoes for Nurses," Ruby Davis, Dallas.

2 p.m., Private Duty Section, Geneva [illegible], presiding. Business meeting, reports of officers and committees; "My Conception of a Private Duty Nurse," Gladys [illegible], El Paso; Dr. [illegible], Beaumont, and a layman; "How Can the Private Duty Nurse Help the Grading Committee?" A. Louise Dietrich, General Secretary, [illegible]; round table: "How Can Standard Rates of Charges Be Maintained Throughout the State?" "How To Deal with [illegible] Relations." Election of Officers.

7 p.m., Banquet, District No. 12 hostess.

Thursday, May 8, Mrs. H. H. [illegible], President, presiding. 9 a.m., Invocation, Rev. [illegible]; Conference for Alumnae Associations, [illegible] District meetings, A. Louise Dietrich and others. 12, Red Cross luncheon.

2 p.m., Red Cross [illegible] meeting, [illegible], Chairman, presiding. Address by [illegible]. [illegible]

Friday, May 9, League of Nursing Education, [illegible] "[illegible] Work," [illegible]

[illegible] and Written," Zora McAnelly; "[illegible] Service vs. Student Service," [illegible]; "Affiliation for Student [illegible]," [illegible] F. Smith, Dallas; "The Formation of Nursing Schools in Texas," [illegible], report on Summer School; "[illegible] a Definite Need," Mrs. [illegible]; "Necessity of Staff Education in [illegible]," Miss Petrie; "The Bordeaux [illegible]," Josephine Dales; "Social Life [illegible]," Mrs. Robert Jolly.

Washington: The WASHINGTON STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting in Bellingham, May 8–10.

The WASHINGTON LEAGUE OF NURSING EDUCATION met at the Columbus Hospital, Seattle, for its March meeting. Mrs. Frances W[illegible] of the University of Washington [illegible] "The Method of Submitting Credentials for the University." Mary Bash, Assistant Dean of Women, spoke on "Scholarship [illegible] for the University."

The Washington State Organization of Public Health Nursing held its quarterly meeting at the Women's Athletic Club in Spokane, January [illegible]. Dr. Burnett was appointed to the Board of Directors. The next quarterly meeting will be held in Spokane, April 7.

* * *

District and Alumnae News

Alabama: Birmingham.—The officers of District [illegible] are: President, Mrs. Pansy Reed B[illegible]; vice presidents, Mrs. Rose Roberts, J[illegible]; secretary-treasurer, Alma Whitley; Directors, Helen Stockton, Lima Denny, [illegible], Leslie E. Dugan, Anice Jackson, [illegible]. Gadsden.—The three [illegible] 7 are now functioning and [illegible] for over fifty members to [illegible] help each other and to build [illegible] nursing school, private duty [illegible]. In each of the three [illegible] taking a decided stake [illegible] and state life. The President of [illegible] has visited each of the units [illegible] being held properly [illegible] of the entire District [illegible] and it is hoped in time each [illegible] enough to become a [illegible] at present [illegible] and hundreds of miles. [illegible] President, Bertha [illegible] president, Flora Mason, [illegible], Ida Bell Causey; [illegible] Chairman of [illegible] Stella McC. Hadden; [illegible] LeGay; National and State Relief Funds, Mattie Coker; Red Cross, Nellie Bee Emerson; Nominations, Terra Mason; Finance, Mrs. Nell Pady; Publicity, Mrs. Eloise Vardaman.

Colorado: Phoebe M. Kandel, who resigned her position, January 1, as the State Director of Nursing Education, Nebraska, will on June 1 become a member of the faculty of the Colorado State Teachers' College at Greeley. Miss Kandel is entrusted with an unusually interesting piece of work, as she is to direct the administration of the Weld County Hospital and build up a good small school of nursing which will provide a field of practice in teaching and supervision. President Frasier of the College has called upon the Colorado League of Nursing Education for advice in the new project which is being worked out in a most coöperative fashion. By February, 1931, the College will offer an academic program leading to a degree in Teaching, Supervision and Administration in Schools of Nursing.

This semester Miss Kandel is at Creighton University, Omaha, Nebraska, where she is giving courses in "Principles of Teaching" and "Supervision Applied to Nursing Education." She will teach the same subjects at the Colorado State Teachers College during the first quarter of the summer school, June 14 to 19. It is possible that courses in administration will be offered in the second quarter.

Indiana: The INDIANAPOLIS CITY HOSPITAL ALUMNAE ASSOCIATION met on March 8, in the Nurses' Home. Owing to the epidemic of cerebro-spinal meningitis, the Program Committee invited Dr. Smithburn, who has been in attendance on the meningitis ward since the beginning of the epidemic, and who has done special research work with the City Hospital Lilly Laboratory, to address the Association. The discussion following the address was led by Margaret O'Neil and Mrs. Mabel S. Hopkins. Five dollars was voted for each of the following funds, the Isabel Hampton Robb Memorial Fund and the McInnes Loan Fund; also fifty dollars for the Grading Committee. Student nurses were special guests. Thirteen new members were admitted into the Association. Three hundred and seventy-five dollars worth of new furniture had just been installed in the Alumnae Hall, and added much to the comfort as well as interest in the meeting. The next meeting will be on May 10.

Louisiana: New Orleans.—The annual meeting of HOTEL DIEU ALUMNAE was held February 24. The following officers were elected: President, Amelia M. Logan; vice presidents, Alma Wehre, Katherine McCann; secretary, Mary Schumo; treasurer, Mrs. Clara McDonald. Chairmen of committees are: Program, J. Berthelot; Nominating, N. Decker; Sick, L. Bock. A rising vote of thanks was given to the retiring president, Mrs. L. H. Onos.

Michigan: Detroit.—An alumnae association has recently been organized at the Paul Laurence Dunbar Hospital and has been accepted into membership by the Detroit District. Gertrude Morton has been appointed a supervisor on the Detroit Visiting Nurse Association Staff in charge of the Hamtramck Branch. The branch is unique in Detroit in that it carries on clinic work for women and children with a generalized program of field nursing. Grand Rapids.—The Alumnae Association of Blodgett Hospital celebrated its twenty-fifth anniversary on the evening of March 3. Sixty members of this Association, which is the third oldest in the State, were served a buffet supper in the students' dining room. St. Mary's Hospital Alumnae Association met for dinner on the evening of March 4. Eighty members were present. Various district and alumnae problems were discussed. Lansing.—The St. Lawrence Hospital entertained the Lansing District on March 3. Judge C. B. Collingwood gave an address on "Juvenile Delinquency in Michigan."

Missouri: Kansas City.—The following officers of District 2 were elected at a meeting held February 5, at the Nurses' Club House, 4343 Oak Street: President, Florence Peterson; vice presidents, Virginia Mosley, Grace Franzen; secretary, Elizabeth Martin; treasurer, Zola Lambeck. Springfield.—The officers of St. John's Alumnae, recently elected, are: President, Pauline Montgomery; vice president, Mary Ryan; secretary, Margaret Thiel; treasurer, Ruth Wade; and chairman of Entertainment Committee, Mary Fallis. St. Louis.—The Third District held its annual meeting, January 30, at the Central Club. Officers elected are: President, Bertha O. Yeakel; vice presidents, Edith Hunter, Rose Walker; financial secretary, Mabel Gray. A new advisory committee has been organized for the Central Directory comprising three members from each Section. The chairman is Ruth Cobb. Grace G. Grey, Superintendent of Nurses at the Jewish Hospital, has severed her connection with that institution. She is succeeded by Edna Peterson. The Missouri Baptist Alumnae Association has 250 members and holds meetings the first Friday of each month, except July and August. Officers elected at the annual meeting in January are: President, Caroline K. Bode; vice presidents, Ruby W. Forse, Katherine Hart; secretary, Eunice Stone; treasurer, Anna Jane Smith. The alumnae furnished a room in the new addition to the hospital which was the first donation. The addition gives one hundred more beds, and it is modern in every way. The Association has also contributed $65 to the Bordeaux Fund; $320 to the Nurses' Relief Fund, $250 to legislative work, and $1,241 to State Headquarters. A representative was sent to the International meeting in Montreal. Two student nurses were sent to the State Convention by the student body. At their February meeting, the members of the Alumnae Association of Washington University School of Nursing enjoyed a talk by Alice Maull, who is at home for a year on leave of absence from her position as Superintendent of a School of Nursing in Manila.

Nebraska: Omaha.—St. Joseph's Hospital School of Nursing entertained the local League of Nursing Education on February 22. The Senior students put on a Forum, using the work of the Grading Committee as a basis for the discussions. Materials used in preparing for the discussion were *Nursing and Nursing Education in the United States* (the so-called Goldmark Report); *Nurses, Patients and Pocketbooks*; various reprints from the *Journal*; and the National League of Nursing Education reports.

New Jersey: Newark.—The annual meeting of the Newark City Hospital Alumnae Association was held on February 27, at the Nurses' Home. The officers are: President, Mrs. Virginia F. Gibbs; vice presidents, Grace E. McVey, Miss DuBois; secretary, B. Schilling; treasurer, Miss Heide. Announcement was made by the Superintendent of Nurses, Caroline Schneider, that there will be a reunion in the fall to which all graduates are invited, whether alumnae members or not. The date of the reunion will be announced later. The annual meeting of the alumnae of the Newark Memorial Hospital was held at the Nurses' Home, recently. The following officers were elected: President, Anna Thomas; vice president, Mrs. Pfleger; secretary, Edith Thomas; treasurer, Florence Pierce. The March meeting of District 1 was held at the Academy of Medicine, on March 4. Most of the evening was given to the Red Cross, Helen Stephen, State Chairman of the Red Cross Nursing Service, in charge of the meeting. Ida F. Butler, Assistant to the Director of the National Red Cross Nursing Service, gave a splendid talk on "The Ideals and Vision of the Red Cross," commemorating the death of Jane A. Delano, Director of the Red Cross Nursing Service during the War. There were about four hundred nurses present, mostly in uniform, about two hundred and fifty of whom were students.

New York: Binghamton.—District 5 held a meeting, on March 3, at the Binghamton City Hospital, Ida McAfee, presiding, and fifty nurses in attendance. Emily J. Hicks, Executive Secretary of the State Association, gave a most interesting talk on nursing affairs in the State. Her discussion on nursing problems should have been helpful to every nurse present, and her advice and counsel were most stimulating. **Ithaca.**—The Ithaca Memorial Hospital Alumnae, at their January meeting, elected: President, Clara M. Wool[illegible]; vice president, Bernice Howland; recording secretary, Edith Howland; corresponding secretary, Sylvia Hall; treasurer, Frances [illegible]. It was an interesting meeting, held at the Community Building with thirty-three present. On March 5, Emily J. Hicks, State Executive Secretary, gave a most helpful and inspiring talk to students and alumnae. **New York.**—The New York League of Nursing Education, Section 1, held a meeting on March 5, in the Administration Building of Henry Street Settlement. This was the fourth in the series, "The Improvement of Nursing Practice." Gertrude Wahl of the Visiting Nurse Service spoke on "The Application of Nursing Practice to Home Situations," with demonstrations. There was a good discussion of the employment of general duty nurses and of educational programs for them, led by May L. Crouch. Mount Sinai Hospital held commencement exercises for a class of seventy-six on March 6. The address was given by Dean M. C. Winternitz of New Haven. **Rochester.**—The Genesee Valley Nurses' Association held a meeting at the Club House on February 25, with a program arranged by the private duty nurses. The [illegible] General Hospital Alumnae held a meeting at the Nurses' Home on March [illegible] [illegible] gave a demonstration on "Keeping up to Date in Nursing Procedures." The [illegible] Valley Hospital Alumnae held [illegible] annual meeting on January 6 and elected: President, Mrs. Fred Ratcliffe; vice [illegible], Mrs. Arthur Reed, Dorothy Gle[illegible] [illegible] secretary, Beatrice Richardson; [illegible] secretary, Ruth Chamb[illegible]; [illegible] Mary Robinson. Chairmen of [illegible] Alberta Memorial, Jessica S. Heal; Welfare, Mrs. Marcella Moore; Friendship, Clyde Irwin; Nominating, Mildred Stanbrook; Program, Adelaide Bickford; Nurses' Relief Fund, Laura Bradfield. At the March meeting, Dr. Stanhope Bayne-Jones spoke on "Microbes."

North Carolina: District 1, Asheville.—The meeting on February 12 included a short memorial service in honor of Athalia Lord, a beloved member who passed away on January 29. The Program Committee presented Miss Kelley's interesting report of the meeting of the Southern Division in Birmingham, Ala. **District 2, Winston-Salem.**—The meeting was held on February 13. The *Journal* Committee reported nine new subscriptions to the *American Journal of Nursing*. Mrs. Henry Roan gave a delightful talk on "My Trip to the Holy Land." The Alumnae Association of the City Memorial Hospital reports a very enthusiastic February meeting. Plans are being made for an endowed room for sick nurses in the City Memorial Hospital. Baptist Hospital Alumnae Association held a meeting at the hospital, February 8. A talk on "Nursing History," with lantern slides, was contributed by Hettie Reinhardt, Instructor in the School of Nursing. **District 3, Charlotte.**—The February meeting was held in the Medical Library, when Dr. Phillips gave a fine address on the "Uses of Radium and X-Ray." The Davis Hospital Alumnae Association, Statesville, was admitted to District membership. St. Peter's Hospital Alumnae Association reports much activity. An interesting feature of a recent meeting was a paper by Edith Redwine, Instructor in the School of Nursing, on "How to Improve Our Alumnae Association." The Mercy Hospital Alumnae Association reports a revision of the constitution and by-laws, also a good meeting in which a discussion of Miss McCormick's article, "The Open Door of Opportunity," was a prominent feature. The Alumnae Association of the Charlotte Sanatorium has also finished a revision of its constitution and by-laws. The Presbyterian Hospital Alumnae Association reports a revision of constitution and by-laws and increasing interest. **District 4, Greensboro.**—The Greensboro nurses have issued an attractive yearbook. Dates of meetings with programs for the year are arranged. Lists of officers, standing and special committees, names, addresses and telephone numbers of all members are also included. The Yearbook carries a copy of the District constitution and by-laws. **District 5, Durham.**—The program for the February meeting was in charge of the Public Health Nurses. Dr. J. H. Epperson, of the County Board of Health, gave a most instructive talk on "A General Health Program." District 6, Raleigh.—At the February meeting, Miss Kelly's report of the meeting of the Southern Division was read and discussed with much interest. Nellie Rasp of Rex Hospital contributed an excellent paper on "Nursing Education." Rose Thayer, a former member, spoke of the educational work being done in California. The application of the Rex Hospital Alumnae Association for District membership was accepted. District 7, Fayetteville.—On February 5, the District Association was entertained by the Highsmith Hospital Alumnae Association. Lula West, State Educational Director, was present and gave a clear outline of the standards which the State is trying to uphold in the schools of nursing, and the influence of these requirements on the future of the nursing profession in the State. Following Miss West's address a preliminary student, dressed as "Sairy Gamp," gave an outline of Nursing History and compared her costume with that of the modern nurse in uniform. The program continued with demonstrations in Practical Nursing by preliminary students. The demonstrations were those which were presented before the School Committee when the students were accepted. The Highsmith Hospital Alumnae is collecting material of historical value to the school to be placed in a school museum. District 7 held its regular monthly meeting in Sanford on February 12. After the usual business a paper, "What the Medical Doctor Thinks of the High Cost of Medical Care," was read by Miss Kelley. Other papers from the *Survey Graphic* were read: "What the Business Man Thinks of the High Cost of Medical Care"; "The High Cost of Nursing"; "Medical Facilities in the United States." Dr. F. L. Knight showed some very interesting x-ray pictures. The application of the Baker Sanatorium Alumnae Association for District membership was accepted. The Alumnae Association of the Baker Sanatorium held its monthly meeting in Lumberton on February 15. An address by the President, Margaret Brown, on "What an Alumnae Has To Offer," was interesting and valuable. The article on "State Standards" by [illegible] in the *American Journal of Nursing* was read and discussed. District 9, Wilmington.—The regular meeting was held February 12, in the Nurses' Home, James Walker Memorial Hospital. Mr. Fisher, Superintendent of the Hospital, and Mr. [illegible], a member of the Board of Managers, discussed matters relative to the rules for special nurses in the hospital and other affairs of mutual interest in connection with the Registry with a view to promoting cooperation and efficient service. The James Walker Hospital Alumnae Association reports a year of active interest and work. Two competing teams headed by enthusiastic captains assured large attendance at all meetings.

Ohio: Ashtabula.—When the gift of $75,000 was presented to the Ashtabula General Hospital for a new Nurses' Home, the alumnae planned to furnish one or two rooms. The Association, of which there are 114 members, active and non-active, was divided into twelve groups. The groups in turn, were to do something each month to raise money. Some of the groups gave card parties and dances. Others held rummage and bake sales. At the regular monthly meeting, held February 7, a check for $1,200 was presented to Clara A. Fisher, Superintendent of the Hospital, by Mrs. Jennie Burkhardt, Ex-President of the Alumnae Association. The first meeting in the new Home was on February 13, when Dora M. Cornelisen spoke on the "Value of the Journal." District 1 held its regular monthly meeting in Canton, March 10. Karl Bates, Principal of West Normal School, was the speaker. District 2 met, January 25, in Bellaire. The Public Health Section was in charge of the program. Miss Clayton, County Health Nurse, spoke on "The School Nurse and the Community." Dorothy L. Kees led the discussion of the topic, "Are There Too Many Nurses?" District 4 held a meeting March 12. Edwin Baxter, Vice President of the Cleveland Trust Co., talked on "A Reasonable Financial Program for Women." The Section on Nursing Education held a meeting, March 12, and Nina D. Gage, Executive Secretary of the N. L. N. E., spoke on "Nursing School Standards." District 6 held a meeting Tuesday, March 11, in Good Samaritan Hospital, [illegible]. [illegible] of the local hospitals were guests. Miss [illegible] P. [illegible] spoke on the [illegible] Relief Fund, Ohio [illegible] Fund, [illegible] Foundation, [illegible] for Nurses, the Work of the Grading Committee and the *American Journal of Nursing*. District 8 held a meeting in St. Mary Hospital, February [illegible]. [illegible] E. Campbell spoke on "Child Welfare Work in [illegible]." The [illegible] meeting was [illegible] by [illegible] in [illegible]. [illegible] the Public Health Nurses Association furnished the program for the regular monthly [illegible] March 19. Dora M. Cornelisen, Di[illegible] of the American Nurses' Association, and [illegible] Representative for the *American J[illegible]*, was the guest of honor and [illegible] a dinner given by District 9, in W[illegible] City Club, February 27. Miss Co[illegible] to members of the various [illegible] schools, which included Mercy, St. Vincent's, Robinwood, County, Women's and Children's, and Flower hospitals. [illegible] 12 held its regular monthly meeting, March 5, at Mercy Hospital Nurses' Home. [illegible] Tuschick spoke on "How To Be [illegible]." District 13 held a meeting in City Hospital, Lima, March 3, with fifty-five [illegible]. Dr. Harry Noble of St. Mary's, Ohio, gave an inspirational talk on "The [illegible] Profession, Old and New." Miss [illegible], Field Representative of the *American Journal of Nursing*, addressed the nurses. Plans for the Ohio State Nurses' Convention, to be held in Lima April 21–24, were completed.

[illegible]: Bethlehem.—The annual meeting of [illegible] 2 was held at the Nurses' Home of [illegible] Luke's Hospital. The following officers for the year 1930 were elected: President, [illegible]; vice presidents, Agnes Dillon, [illegible] M. Ely; secretary, Lucy Gray Tu[illegible]; treasurer, Emma J. Heister. Nanticoke.—The NANTICOKE STATE HOSPITAL NURSES' ALUMNAE ASSOCIATION held its monthly meeting at the Nurses' Home on March 7. The Superintendent, Mrs. A. Mc[illegible], read several articles of interest from the *American Journal of Nursing*. Philadelphia.—At the annual meeting of the ALUMNAE ASSOCIATION OF THE HOSPITALS OF THE GRADUATE SCHOOL OF MEDICINE the following officers were elected: President, Anna [illegible]; vice presidents, Mrs. Inez D. Wh[illegible], [illegible]; secretary, Elizabeth A. [illegible]; treasurer, Ruth M. Chase.

W[illegible]: [illegible].—DISTRICT 1 elected the following officers for the coming year: president, Ivy Gibbs; vice president, L[illegible]; secretary, Dorothy Swarts; treasurer, [illegible] Simpson. Seattle.—District [illegible] March meeting at the Henry [illegible]. [illegible] R. A. [illegible] of the [illegible] at the University of Washington, spoke on "Social Education." His talk was enjoyed and appreciated by the group.

W[illegible]: Bluefield.—At its regular meeting [illegible] February 7, the BLUEFIELD [illegible] ASSOCIATION elected: President, [illegible] Williams; vice presidents, Mary Austin, Gertrude Fisher; secretary, Faye Miller; treasurer, Cora Wilson.

Too Late for Classification

Arkansas: The ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold its semi-annual meeting in the House of Representatives, Capitol Building, Little Rock, May 1, 2 and 3. Ruth Riley, Secretary.

Indiana: The INDIANA STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold the semiannual examination in the State House, Indianapolis, May 7 and 8. Lulu V. Cline, Secretary.

Michigan: The MICHIGAN BOARD OF REGISTRATION OF NURSES has moved its offices to 314 United Building, Lansing.

Texas: The BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS has moved its office to 609 Milam Building, San Antonio.

Deaths

Amy Allison (class of 1903, Pennsylvania Hospital School of Nursing, Philadelphia), on February 28, at the Good Samaritan Hospital, Lexington, Ky., after an operation for ruptured appendix. Miss Allison was a Canadian, born at Dunbarton, Ontario. She held a B.S. degree from Teachers College. She had a broad experience of life and work in many parts of the country—in Minneapolis, in Alberta, Canada, in Virginia and in Omaha. She was a born teacher and, after her course at Columbia, she was well qualified for her chosen work, instructor of nurses. She held this position for several years at the Rhode Island General Hospital. In 1924 she removed to Philadelphia, where she was Superintendent of Nurses at the Municipal Hospital until last August. Here, busy and devoted as she was, her work by no means was limited by hospital walls. She was a loyal member of her Alumnae Association and of the State and National Associations, attending the conferences to which she contributed several valuable papers. She worked tirelessly in helping to build and carry on the Philadelphia League of Nursing Education. She was also a member of the Women's City Club and had many outside interests. In October she went to Lexington to become Superintendent of the Hospital, where she died.

There was no one in the world like Amy Allison. Brave, strong, courageous spirit, adaptable and progressive, but uncompromising in vigorous honesty and lofty principles, always helpful, always dependable, she stood, a tower of strength and righteousness. She always did all that she should have done, and then much more. She gave of herself without stint, entering helpfully into the lives of her nurses, giving up her holidays to make the days brighter for them, unfailingly courteous and thoughtful with patients and the anxious friends of patients, often hospitably caring for them in her own rooms, struggling to make things cheery and homelike under most discouraging circumstances, carrying all on her own broad shoulders. No one knows how wide have been the circles of her influence, but she has left a world the richer for her brave, strong life.

Laura Muriel Boyden (class of 1919, House of the Good Samaritan, Watertown, N. Y.), on February 27, at Sonyea, of a complication of diseases. Miss Boyden took a postgraduate course at the Sloane Hospital, New York, but, owing to illness, had not been practicing for nine years.

Helen Buckner (class of 1927, Washington University School of Nursing, St. Louis, Mo.) in Los Angeles, January 22.

Amelia E. Crockett (class of 1924, Ashtabula General Hospital, Ashtabula, O.), on March 5, at a sanitarium in White Haven, Pa., following an illness of a few days from pneumonia. After her graduation, Miss Crockett enrolled at Mount Ida School, near Boston, Mass. A month after her entrance she became ill. Since that time, a constant but losing struggle had been waged to save her life.

Mary A. Cunningham (class of 1912, Trinity Hospital School of Nursing, Milwaukee, Wis.), on February 19, at the Research Hospital, Kansas City, Mo., where she was surgical supervisor. Miss Cunningham had been in Kansas City since 1914, being an active member of the Second District Association and of the Kansas City League of Nursing Education. Memorial services were held at the Nurses' Club House on March 5. Burial was at her home in Neosho, Wis.

Elsbeth Dempster (graduate of Orange Memorial Hospital, Orange, N. J., and Polyclinic Hospital, New York), on February 6, at Community Hospital, Montclair, N. J.

Pearl Dibert (class of 1921, Altoona Hospital, Altoona, Pa.), on March 2, in Altoona Hospital, following an operation. Miss Dibert had done private duty nursing since graduation. Her life was devoted to unselfish service to others. She was a faithful nurse, a sincere friend and she will be missed by all who knew her.

Mrs. Almeda Brown Haning (graduate of People's Hospital, Akron, O.) on February 28, at Springfield Lake Sanatorium, where she had been ill for the past year.

Mrs. Esther Hansen (class of 1929, Washington University School of Nursing, St. Louis, Mo.), on February 26.

Pauline Hashagen (class of 1926, St. Luke's Hospital, Spokane, Wash.), at Missoula, Mont.

Mrs. Adelaide F. Hughes McGrath (class of 1898, Charity Hospital, New Orleans, La.), on January 19, of heart trouble. Mrs. McGrath was Superintendent of Nurses at Charity Hospital from 1898 to 1908, and afterward a successful private duty nurse until her marriage in 1909, when she moved to Alabama. She kept in close touch with the nursing profession, although not actively practicing except in emergencies. Her Christian spirit has gone to its reward, but many loyal friends will miss her guidance, and the profession a true nurse.

Ruth Wade (class of 1919, St. Mary's Hospital, Walla Walla, Wash.), on February 12, at the Valley General Hospital, Walla Walla, following a short illness. Miss Wade was active in her professional group and will be missed by a wide circle of friends.

About Books

TEXTBOOK OF WARD ADMINISTRATION. By Gladys Sellew, R.N. [illegible] pages. Illustrated. W. B. Saunders Co. 1930. Price, $2.75.

A VERY significant aim seems to run through all of the *Textbook of Ward Administration:* namely, an attempt to get at definite and objective ways of measuring nursing, of clarifying the present vague conception of what ideal nursing is, of finding standards by which nursing service may actually be judged, of discovering exactly what is involved in giving nursing care to a patient, of planning to make the most of such nursing service as is available. Over and over the author points out the fallacy of expecting to have done in a given time an amount of nursing care hopelessly impossible with the staff at hand; of expecting students to approach the standard of work set in the classroom under the conditions prevalent in some wards. The main interest of the book lies in the fact that the author is trying to show how these hazy ideas about nursing may be brought into clearer focus by reducing them to figures and facts.

To this end there are presented a number of devices for getting at the facts. There are some very interesting time studies, procedure sheets written out in detail, suggestions for determining the number of floor-duty nurses required in a given ward, and the number of hours of nursing service needed at stated hours of the day, plans for the daily ward routine, and the like.

Discussion of the relation of the school of nursing to ward administration is also included. Analysis of the practice field is considered as the first step in planning the ward experience of the student. Consideration is also given to the experience which the student should receive in a given service, to ways of relating theoretical work to ward practice, to records, to case study, and to several other ward-teaching methods. These last are, however, not discussed in much detail. One feels that the problems of ward administration have been gone into more thoroughly than those of ward teaching.

There are several points at which one might differ with the author, for instance as to whether the list of medical cases with which the student should have experience should be compiled from textbooks on medicine or from an analysis of actual hospital wards. Again one might feel it necessary to go even further in making a time study, and analyze the procedures more minutely. One might wish for a clearer picture of the functions of the head nurse and more complete discussion of teaching methods on the ward. However, there is much that is definite, concrete, and helpful in the book, and perhaps its greatest service will be to stimulate those who are already searching for ways by which we may achieve that tenuous and intangible something which we now loosely refer to as "good nursing."

H. W. M., R.N.

Study Guide Test-Book in Anatomy and Physiology. By Carolyn E. Gray, A.M., R.N. 179 pages. Illustrated. The Macmillan Company, New York. 1929. Price, $1.10.

With the appearance of *The Study Guide Test-Book of Anatomy and Physiology*, by Carolyn E. Gray, we have an aid to the teaching of this subject which will be warmly welcomed throughout the nursing world.

Testing is an important part of teaching. This is especially true of a subject like Anatomy and Physiology, where there is such a mass of detail to be memorized. With the limited amount of time available and because the old type of testing consumes so much time, this phase of teaching is often neglected and the teacher does not learn until too late that the student has not the grasp of the subject which she should have.

This new test-book is composed of test exercises printed on perforated sheets with blank spaces for the answers. The exercises follow quite closely the text of the Kimber-Gray *Anatomy and Physiology*, but there is no reason why they should not be used in conjunction with any other text.

The book is designed, through a continued use of these exercises, to help the teacher to detect early and to diagnose any difficulties the student may have in interpreting the text, and also to provide a means of expression for the student, which is an important factor in learning.

There is considerable variety in the type of exercises used which should help to relieve the monotony of testing. Some exercises are composed of questions of the completion type, some of the multiple choice type, and some of the essay type. But, whatever the kind of question used, each exercise is designed to emphasize the important points in the particular part of the text to which it relates. The questions are of the thought-stimulating type and are so formulated that they can be answered in a few words. This is one of the most valuable features of the book, for through it the author aims to conserve the time of both the student and the teacher. Some exercises ask that the answers be given in table form and some are devoted to the labeling of pictures which have been copied from the text-book. This last type of exercises should furnish an incentive for the student to study more carefully the illustrations, which are an aid in clarifying obscure points as well as to memory.

As a study guide the most important function of the book would seem to be to suggest examples of problems which the student should see in the text. Problem-solving is acknowledged to be one of the most economical forms of study, but the young student often has difficulty in formulating them for herself. The *Study Guide Test-Book*, which furnishes good examples of problem questions, should help her to see a succession of problems in the assignment.

For the young teacher who has not yet learned the fine art of testing, and for the busy teacher who does not have time to prepare a variety of searching questions, as well illustrated here, this test-book should be an invaluable aid.

Harriet M. Gillette, R.N.

New York.

Prescribing Occupational Therapy. By Dr. William Rush Dunton, Jr. 144 pages. Thomas Company, Springfield, Ill. 1928. Price, $2.50.

This book was written for physicians and medical students, but nurses will read it with great profit.

The author is one of the foremost authorities on occupational therapy. He has spent many years in its application to disease; has written several books on the subject and is the editor of *Occupational Therapy and Rehabilitation.*

Brevity has been stressed so that the subject may be quickly apprehended. Excellent and numerous references for those who desire further information add greatly to the value of the book which is divided into two parts: Part I, General Principles; Part II, Special Application. In Part I, Significance, Prescription, and Fatigue are discussed. In Part II, the special application of occupational therapy to various types of mental, medical, surgical, orthopedic, cardiac and tuberculous disorders is very well presented. A special chapter on occupational therapy for children and another for bed cases round out a brief but well balanced and conservative presentation of the subject.

Chapter I, on "Significance," defines occupational therapy and outlines its field. The statement that "the creation of a pleasant mental attitude or emotion, and the stimulation of interest, is the basis for successful occupational treatment" shows the author's conception of the fundamental approach to this kind of therapy. Running through the whole book is emphasis on the great value of occupational therapy in producing satisfactory mental attitudes which are so conducive to recovery from all conditions, physical or mental.

Of special interest to nurses is the author's statement:

> It is well to entrust the administration of occupational therapy to those who have been trained in its application; that is, to occupational therapists. Just as the physician relies upon the specialized training of the nurse to take temperatures, administer medicine, watch for symptoms, and the many other duties which she is expected to fulfill: things which the physician understands and demands, but in a number of which he lacks practical skill, so must he rely upon the occupational therapist to administer the practical part of occupational therapy, because he lacks the technic of its application. The occupational therapist, therefore, has the same relation to the physician as has the nurse; that is, she is a technical assistant.

For the reason that the nurse must often work in coöperation with the occupational therapist, and, at times, even take over the application of this treatment, it is essential that she know something of its principles. I know of no better place than this book for the nurse to get her viewpoints on occupational therapy, and would recommend that the book be included in the libraries of all nurse training schools and that all of the nurses in such schools be required to read it.

The last sentence in the book is a text for all who employ occupational therapy to keep constantly in mind:

> It would indeed be unfortunate if, in our efforts to develop our patient and make him self-reliant, we train him to demand service from others.

Wm. J. Tiffany, M.D.

New York.

Home Care of the Sick. By Norma Selbert R.N., B.S., M.A. 156 pages. W. B. Saunders Company, Philadelphia. 1929. Price, $1.

MRS. SELBERT explains that her little book is intended for home-makers, students, and other nonprofessional persons who are caring for the sick in their homes. Nevertheless, she takes this opportunity to explain to these, something of what nursing means and some of the standards to apply when a graduate nurse is needed. The greater part of the book, however, is given over to the discussion of the care of the patient,

[illegible]

his environment and his person, to ways of making him comfortable and of treating his ills.

It is unfortunate that the author has not included more illustrations and diagrams, since often the trick of doing a thing can be caught much more quickly when the pattern lies before one. It would be helpful, too, if ways of improvising equipment were discussed and illustrated, and if the chapter on diet were more specific and included suggestions for menus. Who has not struggled with the problem of tempting a sick appetite!

While that part of the book devoted to child training is interesting, the subject does not seem to be treated completely enough to be very helpful, and might better be included in a text of another kind. There might be some question, too, as to the safety of including detailed instructions for so special a treatment as gastric lavage or eye irrigation. In most cases it would seem safer for these to be learned under the supervision of the physician or the visiting nurse.

Perhaps most helpful are the suggestions for the care and arrangement of flowers, for the personal care of the patient, for further reading, and the brief discussion of ways of securing immunity.

H. W. M., R.N.

New York.

Textbook of Surgical Nursing. By Ralph Colp, M.D. and Manelva W. Keller, R.N. Second edition, revised. 514 pages. Illustrated. The Macmillan Company, New York. Price, $3.25.

IT is stated in the preface of this second edition that the entire book has been rewritten to aid graduates and undergraduates to keep pace with recent developments in surgery and surgical nursing. The reviewer finds that there has been some rearrangement of material, especially in the order in which the surgery and surgical nursing of the various systems are taken up, but little is added with the exception of a short chapter on x-ray and radium. There are, however, many new and excellent illustrations which are valuable, and some rather recent diagnostic methods are brought out throughout the book, with related surgical conditions. Many chapters, however, are almost identical with those of the first edition, possibly because they could not be improved upon.

The arrangement of both editions is somewhat illogical. Chapter I, a brief one on pathology, is followed by one on shock and hemorrhage, and Chapter III deals with postoperative complications without a previous consideration of preoperative care, which is found quite inadequately discussed in chapter XIV, entitled "Anesthesia."

No consideration is given in a general way to preoperative laboratory work as a preventive measure. For instance, hemophilia is taken up as a postoperative complication, whereas the prevention of this emergency should be stressed. Likewise, shock is well dealt with as a complication, but its prevention, which is more important, is not emphasized.

As in many texts, overlapping of subjects adds bulk and expense. Surgical dietetics should be considered in dietetic courses and variations in surgeons' orders prepared for; the theory and practice of sterilization usually comes in bacteriology and operating room experience. Over a quarter of the volume is devoted to the equipment, organization and action in the operating room and instrument passing which, while interesting, is usually determined by each individual hospital.

The subject matter of this book is excellent and unquestionably authentic as could be expected. Dr. Ralph [illegible] and his collaborator, Manelva Keller, are experts in their respective subjects and have shown conclusively their interdependence.

ANNE GOSMAN, R.N.

Indiana.

HISTORY OF NURSING, A PAGEANT. Compiled by Anna M. Drake, R.N. 20 pages. Published by the Ohio State Nurses' Association, Columbus, Ohio, 1929. Price, 25 cents.

THIS pageant, dedicated to the Florence Nightingale Centenary Foundation Scholarship Loan Fund of the Ohio State Nurses' Association, was "tried out" by the author on several occasions before it was put into form for publication. The outline is practical and is capable of expansion or of limitation in accordance with the capabilities of the group using it. A few pages are devoted to "Characters, Properties and Costumes."

ELEMENTARY MATERIA MEDICA. By Walter W. Krueger, Ph.B. 278 pages. Illustrated. W. B. Saunders Company, Philadelphia. 1929. Price, $1.75.

THIS textbook, of convenient size for use, containing most of the necessary subject matter for an elementary course in materia medica, will be welcomed by many students and nurses. Much of its practicability is due to its simplicity of style, its clear and carefully prepared subject matter and various aids to study.

The introduction and a most interesting review of the historical background of materia medica, including a number of splendid illustrations, make this textbook attractive and worth while.

The chapters dealing with the preparation of solutions and the necessary arithmetic are presented in such a clear and simple manner that the student should encounter little difficulty, especially if the appended laboratory exercises are carried out by the students. The questions at the end of each chapter and the well selected bibliography furnish valuable help to study.

ELSA SCHMIDT, R.N.

New York.

THE GREAT EAST GATE. By W. W. Peter, M.D. 47 pages. Illustrated. Published by The Cleanliness Institute, 45 East Seventeenth St., New York. 1929.

THE charming, format, graceful style and Oriental setting of this very modern story of the invisible pygmies, the microbes, give a wholly new slant to the oft-told tale of the battle cleanliness wages for health. Children who love fairy stories (Are there any who do not?) will be intrigued into reading to the very end. Any teacher of health may obtain a free copy from the Cleanliness Institute, with directions for ordering in larger lots.

Books Received

THE COMMON HEAD COLD AND ITS COMPLICATIONS. By Walter A. Wells, M.D. 225 pages. Illustrated. The Macmillan Company, New York. 1929. Price, $2.75.

THE NURSING MIRROR POCKET ENCYCLOPEDIA AND DIARY, 1930. 398 pages. Illustrated. Faber and Gwyer Ltd., London. 1930.

THE CARE OF THE NOSE, THROAT AND EAR. By W. Stuart-Low, F. R. C. S. Second edition. 89 pages. Illustrated. Baillière, Tindall and Cox, London. 1929.

ROUTINES FOR MATERNITY NURSING AND BRIEFS FOR MOTHERS' CLUB TALKS. Revised. 71 pages. Illustrated. Maternity Center Association, New York. 1929. Price, 50 cents.

The "Routines" is so widely known and used that it is necessary only to state that a revised edition is available to start a landslide of orders for it.

Miscellany

Office Nursing Service for Private Physicians

AN interesting experiment, whose results may prove of considerable value to practicing physicians, is now being carried on by the Bellevue-Yorkville Health Demonstration in New York City. This plan had its inception in a letter from Health Commissioner Shirley W. Wynne to the various medical societies in New York. In this letter the Commissioner said:

"Our observations indicate that the lack of a trained office nurse frequently make it difficult, if, indeed, not impossible, for the physician in private practice to give adequate attention to this important field of medicine (preventive medicine).

"At my request the Bellevue-Yorkville Health Demonstration stands ready to finance the experiment of providing a nurse for the doctors in the district who would make use of her services in their offices on a weekly basis, primarily for the purpose of furthering their efforts in preventive medicine. During the period of the experiment there would be no charge for this service and the nurse would be responsible in no way either to the Demonstration or to the Department of Health, but in fact as well as in theory she would be employed of the private doctor."

While [illegible] one trained nurse employed by the Demonstration have accordingly been detailed to assist physicians in their office work. This nurse is helping the physician in keeping his case records [illegible] making periodic medical examinations, in keeping the waiting room [illegible] health literature, [illegible] the office, assisting in the examinations [illegible] doing all that a private office nurse would ordinarily be called upon to do, but [illegible] especially to assist the physician in developing the preventive side of his work.

It was not found desirable to conduct this work on an hourly basis, experience soon showing that it was advantageous to assign the nurse to a physician either one half day a week or, better still, for a full day, the physician arranging his office appointments so as to make the fullest use of her services on that particular day. A single nurse is thus able to care for the work of at least six physicians. It is believed that a brief demonstration of the value of this simple plan for obtaining and utilizing the services of a nurse will lead physicians to adopt it generally and to decide thereafter to continue the service at their own expense. Present indications are that the cost to physicians for such service one full day a week will be about thirty dollars a month.—*City of New York Department of Health Weekly Bulletin*, January 11, 1930.

Mortality Statistics among Trained Nurses

THE mortality of trained nurses is very favorable. This is probably due to the fact that the group is composed mainly of young single women and, as is generally known, spinsters have an exceptionally low mortality. But even if we compare the mortality of nurses with that of spinsters, their situation is very good. Much has been written, especially in Europe, about the danger of infection as a result of nursing tuberculous patients. Some European investigations have found that as high as twelve per cent of the student nurses have been infected. There is considerable difference of opinion in the United States regarding this important question, since the issue is clouded by the fact that many institutions for the tuberculous have employed nurses who are themselves sufferers from tuberculosis. The problem is [illegible] and the Life Span," Louis Dublin, *Harper's Magazine*, January, 1930.

Official Directory

[illegible] Council of Nurses.—Sec., [illegible] 14 Quai des Eaux Vives, [illegible]

[illegible] Journal of Nursing Company. [illegible] Seventh Ave., New York.—[illegible] Henderson, Milwaukee Children's [illegible] Milwaukee, Wis. Sec., Stella [illegible] Hospital, Boston. [illegible] M. Riddle, care American [illegible] New York, N. Y. Elsie [illegible]; Sally Johnson, Boston; [illegible] Vaughan, St. Louis; Elizabeth G. [illegible] D. C.

[illegible] of the Grading of Nursing [illegible] May Ayres Burgess, [illegible] Ave., New York.

[illegible] Nurses' Association.—Head-[illegible] Seventh Ave., New York. [illegible] Clayton, Philadelphia General [illegible] Pa. Sec., Susan C. [illegible] Hospital, Philadelphia. [illegible] E. Colton, New England [illegible] Women and Children, Dimock [illegible] Mass. Headquarters Dir., [illegible] 370 Seventh Ave., New York. [illegible] Private Duty, Chairman, [illegible] E. Voris St., Akron, O. [illegible] Chairman, Effie J. Taylor, [illegible] New Haven, Conn. [illegible] Josephine E. Thur-[illegible] Cambridge, Mass. [illegible] Chairman, [illegible] Bureau of Indian Affairs, [illegible] Washington, D. C. [illegible] Chairman, Carrie M. [illegible] Hospital, Boston. [illegible] Chairman, [illegible] Lewis, [illegible] N. J.

[illegible] League of Nursing Education [illegible] 370 Seventh Ave., New [illegible] C. [illegible] Teachers [illegible] Stella Goostray, [illegible] Treas., Marian [illegible] Hospital, New York. [illegible] D. Cage, 370 Seventh Ave., [illegible]

[illegible] Organization for Public [illegible] Mary Anne L. [illegible] N. Y. Director, [illegible] 370 Seventh Ave., New [illegible]

[illegible] Robb Memorial Fund [illegible] M. Lawler, [illegible] Baltimore, Md. [illegible] 370 Seventh Ave., [illegible]

[illegible] Division, American Nurses' [illegible] Edith Soule, State Dept. of Health, Augusta, Maine. Sec., Elizabeth Van Patten, 35 Elm St., New Haven, Conn.

Middle Atlantic Division.—Pres., Jane E. Nash, Church Home and Infirmary, Baltimore, Md. Sec., Marion Durell, City Hosp., New York.

Mid-West Division.—Pres., Mabel Dunlap, Moline, Ill. Sec., Grace Ross, 1415 St. Antoine St., Detroit, Mich.

Northwestern Division.—Pres., Mrs. Elizabeth Soule, University of Washington, Seattle, Wash. Sec., Katherine Leahy, University of Washington, Seattle, Wash.

Southern Division.—Pres., Annie M. Beddow, Norwood Hosp., Birmingham, Ala. Sec., Bernardine Bryant, 908 First Ave., Selma, Ala.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Supervisor of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

Alabama.—Pres., Mattie Huston, Mobile. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham. Pres. examining board, Helen MacLean, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham.

Arizona.—Pres., Mrs. Kathryn G. Hutchison, Tombstone. Sec., Mrs. Mildred P. Folsom, 735 E. Moreland St., Phoenix. Pres. examining board, Mrs. Kathryn G. Hutchison, Tombstone. Sec.-treas., Minnie C. Benson, 125 N. Church St., Tucson.

Arkansas.—Pres., Katherine Pollard, St. Vincent's Inf., Little Rock. Sec., Blanche [illegible], 1004 W. [illegible] St., Pine Bluff. Pres. examining board, Walter G. Eberle, M.D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

California.—Pres., D. Dean Urch, Highland Hosp., Oakland. Sec., Ruth V. Wheelock, Community Hospital, Riverside. Director of headquarters, Anne C. Jamme, Room 802, 609 Sutter St., San Francisco. State League Pres., Mary M. Pickering, University of California, Berkeley. Sec., Nellie M. Porter, 819 Associated Realty Bldg., Los Angeles. Director Bureau of Registration of Nurses, Sarah G. White, State Office Bldg., Sacramento.

Colorado.—Pres., Ann Dickie Boyd, 414 14th St., Denver. Sec., Irene Murchison, Capitol Bldg., Denver. State League Pres., Ellen Forbes, 300 Central Savings Bank Bldg., Denver. Sec., Ruth Colestock, University of Colorado School of Nursing, Denver. Pres. examining board, Lovetta Mulherin, Capitol Bldg., Denver. Sec., Irene Murchison, Capitol Bldg., Denver.

Connecticut.—Pres., Irene V. Muller, 28 Vineland Terrace, Hartford. Sec., Amber L. Forbush, 46 Durham Ave., Middletown. Ex. sec. and state headquarters, Margaret K. Stack, 175 Broad St., Hartford. Pres. examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Sec., Mrs. Winifred A. Hart, 100 Boston Ave., Bridgeport.

Delaware.—Pres., Evelyn Hayes, Bayard and Wawaset Ave., Wilmington. Sec., Mrs. Esther W. Pettiford, 2618 Monroe St., Wilmington. Pres. examining board, Harold L. Springer, M.D., 1013 Washington St., Wilmington. Sec., Mary A. Moran, 1313 Clayton St., Wilmington.

District of Columbia.—Pres., Julia C. Stimson, War Department, Washington. Sec., Annabelle Petersen, 1337 K St., N. W., Washington. District League Pres., Janet Fish, Emergency Hosp., Washington. Sec., Elizabeth Dempsey, Homeopathic Hosp., Washington. Pres. examining board, Mary M. [illegible], Children's Hosp., Washington. Ex. Sec., Bertha E. McAfee, 1337 K St., N. W. Washington.

Florida.—Pres., Mrs. Lucy Knox McGee, City Board of Health, Jacksonville. Sec., Mary E. Kavel, St. Luke's Hospital, Jacksonville. State League Pres., Anna L. Fetting, Morrell Meml. Hosp., Lakeland. Sec., Georgia H. Riley, Jackson Meml. Hosp., Miami. Pres. examining board, Anna L. Fetting, Morrell Memorial Hosp., Lakeland. Secretary, Mrs. Louis B. Benham, Hawthorne.

Georgia.—Pres., Louie Mooney, Patterson Hosp., Cuthbert. Sec., Mrs. J. F. Hawthorne, 430 Arnold St., N. E. Atlanta. State League Pres., Mrs. Eva S. Tumm, Grady Hospital, Atlanta. Sec., Lillian Cumbie, Piedmont Hosp., Atlanta. Pres. examining board, Margaret Dorn, 1117 Telfair St., Augusta. Sec.-treas., and Ex. Sec., state assn., Jane Van De Vrede, 131 Forrest Ave., Apt. 12, Atlanta.

Idaho.—Pres., Mrs. Florence Johnson, 815 N. 7th St., Boise. Sec., Mrs. Emma Amack Meier, 1606 N. 8th St., Boise. Department of Law Enforcement, Bureau of Licenses, C. A. Laurenson, Director, State Capitol, Boise.

Illinois.—Pres., May Kennedy, 6400 Irving Park Blvd., Chicago. Sec., Ella Best, 509 S. Honore St., Chicago. State League Pres., Evelyn Wood, 116 S. Michigan Blvd., Chicago. Sec., Mrs. Vera S. Brandt, Michael Reese Hosp., Chicago. Supt. of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana.—Pres., Gertrude Upjohn, Protestant Deaconess Hosp., Evansville. Sec., Mrs. Blanche L. Morton, 2506 Evergreen Ave., Indianapolis. Ed. director and ex. sec., Eugenia Kennedy, 309 Traction Terminal Bldg., Indianapolis. State League Pres., Mrs. Ethel P. Clarke, Indiana University Hosp., Indianapolis. Sec., Frances MacMillan, Methodist Hosp., Indianapolis. Pres. examining board, Anna M. Holtman, Lutheran Hospital, Ft. Wayne. Sec., Lulu V. Cline, Room 413, State House, Indianapolis.

Iowa.—Pres., Grace Van Evera, R. F. D. 1, Davenport. Sec. and director nursing education, Maude E. Sutton, Div. of Nursing, State Dept. of Health, Des Moines. State League Pres., Mary Elder, Burlington Hosp., Burlington. Sec., Meryl Norton, Burlington Hosp., Burlington. Pres. examining board, Frances G. Hutchinson, 561 Franklin Ave., Council Bluffs. Sec., Marianne Zichy, 213 Masonic Temple, Marshalltown.

Kansas.—Pres., Anna Lee Washburn, Public Health Nursing Assn., City Hall, Wichita. Sec., Edna G. Hansen, Wesley Hosp., Wichita. State League Pres., Henrietta Froehlke, Bell Memorial Hosp., Kansas City. Sec., Martha Keaton, Christ's Hosp., Topeka. Pres. examining board, W. Paul Martin, Ed. Dept., K. S. A. C., Manhattan. Sec.-treas., Cora A. Miller, Newman Meml. Hosp., Emporia.

Kentucky.—Pres., Sue Parker, 317 Transylvania Park, Lexington. Cor. Sec., Mrs. Florence McClelland, Weissinger Gaulbert Apts., Louisville. State League Pres., Flora E. Keen, Theresa Apt. C-4, 416 W. Breckenridge St., Louisville. Sec., Lillian E. Rice, Sts. Mary and Elizabeth Hospital, Louisville. Pres. examining board, Alice Muriel Grange, Norton Meml. Infirmary, Louisville. Sec., Flora E. Keen, Theresa Apt. C-4, 416 W. Breckenridge St., Louisville.

Louisiana.—Pres., Mrs. Clara O. McDonald, [illegible] Tchoupitoulas St., New Orleans. Sec., Margaret Price, 2411 [illegible] St., New Orleans. State League Pres., [illegible] C. Tebo, 1303 Pere Marquette Bldg., New Orleans. Sec.-treas., [illegible] Bernard, Touro Inf., New Orleans. Pres. examining board, George [illegible] M. D., 1121 Pere Marquette Bldg., [illegible] Sec.-treas., Julia C. Tebo, 1006 [illegible] Bldg., New Orleans.

[illegible] Louise P. Hopkins, Room 9, [illegible] Sec., Mary I. Collins, [illegible] Pres. examining board, [illegible] Maine General Hospital, [illegible] Mrs. Theresa R. An- [illegible]

[illegible] Jane E. Nash, Church [illegible] Baltimore. Sec., Sarah [illegible] 1211 Cathedral St., Baltimore. [illegible] Pres., Elsie M. Lawler, Johns [illegible] Baltimore. Sec., Frances [illegible] University Hospital, Baltimore. [illegible] board, Helen C. Bartlett, [illegible] St., Baltimore. Sec.-treas., [illegible] Packard, 1211 Cathedral St., [illegible]

[illegible]—Pres., Bertha W. Allen, [illegible] Newton Lower Falls. Cor. [illegible] 370 W. Austin St., [illegible] Ex. Sec., Helena G. Lee, 420 [illegible] Boston. Pres. State League, [illegible] 420 Boylston St., Boston. [illegible] E. Maloney, 300 Longwood [illegible] Pres. examining board, Jose- [illegible] Cambridge Hospital, [illegible] Sec., Frank N. Vaughan, M.D., [illegible] Boston.

[illegible] Pres., Emilie Sargent, 51 W. [illegible] Detroit. Cor. Sec., Amy Beers, [illegible] Muskegon. Gen. Sec., Olive [illegible] Savings and Loan Bank [illegible] State League Pres., Eliza- [illegible] Mem'l Hosp., Grand [illegible] Adelaide Beers, Hackley Hosp., [illegible] Pres. examining board, Guy [illegible] Detroit. Sec., Mrs. Ellen L. [illegible] United Bldg., Lansing.

[illegible] Pres., Margaret Hughes, State [illegible] Sec., Caroline [illegible], [illegible] Av., St. Paul. State League [illegible] McGregor, Gillette State [illegible] Sec., Mabel E. Guest, Glen [illegible] Turner. Pres. examining [illegible] St. Mary's Hos- [illegible] Sec., Lida Halverson, Old [illegible] Paul.

[illegible] Pres., Syd Vaughan, Brook- [illegible] Rosa Ireland Hooper, An- [illegible] Pres. examining board, [illegible] M.D., Jackson. Sec., Maude [illegible]

[illegible] Grace G. Gray, Jewish [illegible] Sec., Mrs. Clara Peterson [illegible] Ave., St. Louis. State [illegible] Lee, Capitol Bldg., [illegible] Carrie A. Bonham, 416 [illegible] St. Louis. Pres. examining [illegible] Lutheran [illegible] Sec., Hannah G. Flem- [illegible] City.

[illegible] Columbus, Mar- [illegible] Sec., Mrs. Lily Morris, [illegible] Falls. Pres. examining [illegible] Deaconess Hospital, Great Falls. Sec.-treas., Frances Friederichs, Box 928, Helena.

Nebraska.—Pres., Blanche Fuller, Methodist Hosp., Omaha. Sec., Gertrude Kransnick, 1023 Sharp Bldg., Lincoln. State League Pres., Mrs. Gladys Smits, Lincoln Genl. Hosp., Lincoln. Sec., Sister Olive Cullenberg, Immanuel Hosp., Omaha. Director nursing education (Temporarily vacant). Department of Public Welfare, State House, Lincoln. Bureau of examining board secretary, Ernest M. Pollard, Department of Public Welfare, State House, Lincoln.

Nevada.—Pres., Mrs. Edith Alden, 716 West 6th St., Reno. Sec., Mrs. Lloyd Root, 319 E. Liberty St., Reno. Sec. examining board, Mary E. Evans, 631 West St., Reno.

New Hampshire.—Pres., Louise Thompson, Elliot Hosp., Keene. Sec., Myrtle H. Flanders, City Hall, Concord. Pres. examining board, Marion Garland, Laconia. Sec., (Temporarily vacant).

New Jersey.—Pres., Kate Madden, Mountainside Hosp., Montclair. Sec., Mrs. Elizabeth Biles, 215 Johnson Ave., Trenton. Ex. Sec., Arabella R. Creech, 42 Bleecker St., Newark. State League Pres., Jessie M. Murdock, Jersey City Hospital, Jersey City. Sec., Margaret Ashmun, Orange Meml. Hosp., Orange. Pres. examining board, Jessie E. West, West Jersey Homeopathic Hospital, Camden. Sec.-treas., Mrs. Agnes Keane Fraentzel, 42 Bleecker St., Newark.

New Mexico.—Pres., Mrs. Florence Bell Smith, 619 W. Fruit Ave., Albuquerque. Sec., Mary P. Wight, 902 E. Silver Ave., Albuquerque. Pres. examining board, Sister Mary Lawrence, St. Joseph's Hospital, Albuquerque. Sec-treas., Ella J. Bartlett, 1601 East Silver Ave., Albuquerque.

New York.—Pres., Mrs. Genevieve M. Clifford, City Hospital, Irving Ave., Syracuse. Sec., Lena A. Kranz, State Hospital, Utica. Ex. Sec., Emily J. Hicks, 370 Seventh Ave., New York. State League Pres., Mary E. Robinson, Long Island College Hosp., Brooklyn. Sec., Grace B. Hinckley, Methodist Episcopal Hosp., Brooklyn. Pres. examining board, Sister Immaculata, Convent of Mercy, Rensselaer. Sec., Harriet Bailey, State Education Bldg., Albany.

North Carolina.—Pres., E. A. Kelly, Highsmith Hosp., Fayetteville. Sec., Mrs. Myrtle Robeson, Health Dept., Greensboro. Ex. Sec., Mary P. Laxton, 505 County Bldg., Asheville. State League Pres., Elizabeth Connelly, Catawba Co., Hosp., Newton. Sec., Elizabeth Hill, Statesville. Ed. Dir., Lula West, Mt. Airy. Pres. examining board, Lula West, Mt. Airy. Sec.-treas., Mrs. Dorothy Hayden Conyers, Box 1207, Greensboro.

North Dakota.—Pres., Esther Teichmann, 417 6th St., Bismarck. Cor. Sec., Alice O. Davidson, Grand Forks. Pres. examining board, Josephine Stennes, Rugby. Sec., Mildred Clark, General Hospital, Devils Lake.

Ohio.—Pres., Clara F. Brouse, 94 Charlotte St., Akron. Gen. Sec. and state headquarters, Mrs. E. P. August, 85 E. Gay St., Columbus. Chief Examiner, Caroline V. McKee, 85 E. Gay St., Columbus. Sec., Dr. J. M. Platter, 85 E. Gay St., Columbus.

Oklahoma.—Pres., Anna Pohlman, 890 S. Rose St., El Reno. Sec., Mrs. [illegible] W. Morrison, 1132 N. [illegible], Oklahoma City. State League Pres., Grace Baldwin, Box C, Chickasha. Sec., Mattie L. Davis, 1217 N. Walker St., Oklahoma City. Pres. examining board, Mrs. Caroline Mansfield Lee, University Hosp., Oklahoma City. Sec., Lucile A. Riddle, 1101 E. 13th St., Oklahoma City.

Oregon.—Pres., Jane Gavin, Lake Co. Public Health Assn., Court House, Lakeview. Sec., Mrs. Kenneth H. Cliff, 323 E. 37th St., North Portland. State League Pres., Mrs. Florence Jones, Multnomah County Hospital, Portland. Sec., Pauline Kirchner, 211 City Hall, Portland. Pres. examining board, Grace Phelps, Doernbecher Hosp., Portland. Sec., Grace L. Taylor, 443 Center St., Salem.

Pennsylvania.—Pres., Esther J. Tinsley, Presbyterian Hosp., Pittsburgh. Sec.-treas., Mrs. Adeline V. Ironside, 1421 N. 15th St., Philadelphia. Gen. Sec. and state headquarters, Esther R. Entriken, 400 N. 3d St., Harrisburg. State League Pres., Mary A. Rothrock, Clearfield Hosp., Clearfield. Sec., Sarah Kerr, Wilkes-Barre Genl. Hosp., Wilkes-Barre. Pres. examining board, Mary A. Rothrock, Clearfield Hosp., Clearfield. Sec.-treas., Mrs. Helene Herrmann, 306 Chester Bldg., Harrisburg.

Rhode Island.—Pres., Wilma Chapin, 325 Chalkstone Ave., Providence. Cor. Sec., Mrs. Helen G. Hutchinson, 51 Ardoene St., Providence. State League Pres., Helen C. Potter, Rhode Island Hosp., Providence. Sec., Wilma R. Chapin, Homeopathic Hosp., Providence. Pres. examining board, William O. Rice, M.D., Rhode Island Hospital, Providence. Sec.-treas., Evelyn C. Mulcahey, St. Joseph's Hospital, Providence.

South Carolina.—Pres., Mary C. McAlister, Tuomey Hosp., Sumter. Sec., Mrs. George H. Hurst, Jr., 204 N. Main St., Sumter. Sec. board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—Pres., Florence Walker, [illegible]. Cor. Sec., Agnes Thompson, Madison. Pres. examining board, Lorena Ward, Public Health Center, Aberdeen. Sec.-treas., Mrs. Elizabeth Dryborough, Rapid City.

Tennessee.—Pres., Hazel Lee Goff, Riverside-[illegible] Sanitarium Hosp., Knoxville. Sec., Georgia Holmes, Methodist Hosp., Memphis. Pres. examining board, B. V. Howard, M.D., Knoxville. Sec.-treas., Mrs. Connie Hawkins Buchanan, 1082 Eastmoreland St., Apt. 5, Memphis.

Texas.—Pres., Mrs. Helen H. Lohmann, 3910 Shenandoah St., Dallas. Gen. Sec., A. Louise Dietrich, 1001 E. Nevada St., El Paso. State League Pres., Leslie Burley, Baylor Hospital, Dallas. Sec., Mary K. McAnnelly, Sealy Hosp., Galveston. Pres. examining board, Grace Bickford, 608 Milam Bldg., San Antonio. Sec., Mrs. Florence Mason, 609 Milam Bldg., San Antonio. Ed. Sec., Julia C. Kasmeier, Box 641, San Antonio.

Utah.—Pres., Mrs. Myrtle S. Horne, 335 E St., Salt Lake City. Sec., Laura M. Heist, 175 Kimball Apts., N. Main St., Salt Lake City. Department of Registration, Capitol Bldg., Salt Lake City.

Vermont.—Pres., R. Hazel Berry, Mary Fletcher Hosp., Burlington. Sec., Helen B. Wood, Proctor Hospital, Proctor. Pres. examining board, Dr. Fred K. Jackson, 75 S. Prospect St., Burlington. Sec., Hattie E. Douglas, West Rutland.

Virginia.—Pres., S. Virginia Thacker, Lewis Gale Hospital, Roanoke. Sec., Mary O. Stilwell, Roanoke Hosp., Roanoke. Pres. examining board, L. L. Odom, Sarah Leigh Hospital, Norfolk. Sec.-treas. and inspector of training schools, Ethel M. Smith, Craigsville.

Washington.—Pres., Mrs. Cecil Spry, Tacoma General Hospital, Tacoma. Sec., Cora E. Gillespie, 327 Cobb Bldg., Seattle. State League Pres., Mrs. Elizabeth S. Soule, University of Washington, Seattle. Sec., Nellie M. Burger, 828 Summit Ave., Seattle. Chairman, Committee Nurse Examiners, Katherine Major, Longview Meml. Hosp., Longview. Sec., May Mead, State Normal School, Bellingham.

West Virginia.—Pres., May Maloney, Cook Hosp., Fairmont. Sec., W. Louise Kochert, 10 Pleasant St., Mannington. Pres. examining board, Harry M. Hall, M.D., 3644 Jacob St., Wheeling. Sec., Mrs. Andrew Wilson, 1300 Byron St., Wheeling.

Wisconsin.—Pres., Cornelia Van Kooy, State Board of Health, Madison. Sec., Mrs. C. D. Partridge, 827 Layton Ave., Cudahy. State League Pres., Stella Ackley, Milwaukee County Hospital, Wauwatosa. Sec., Ida C. Baer, Milwaukee Children's Hosp., Milwaukee. Director, bureau of nursing education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—Pres., Lillian Moore, 7 Daly Bldg., Casper. Sec., Anna Grace Williams, Memorial Hosp., Cheyenne. Pres. examining board, Mrs. Ida May Oliver, Wheatland. Sec., Mrs. H. C. Olsen, 3123 Warren Ave., Cheyenne.

Territorial Associations

Hawaii.—Pres., Mrs. Gwendoline Shaw, Shriners' Hospital, Honolulu. Sec., Lucile Otto, Palama Settlement, Honolulu.

Porto Rico.—Pres., Mrs. Maria R. Maldonado. Ex. Sec., Margarita D. Rivera, 10 Allen St., San Juan.